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ABSTRACT

The purpose of this book is to assist leaders in a variety of settings to address young people on the critical issues of teenage sexuality. The units are presented in a sequential pattern which covers teenage sexual behavior as it naturally evolves. Detailed information and precise directions for presenting the lessons are featured. The curriculum is not value free. The philosophical basis of the book is upon abstinence, although it is recognized that sexually active teenagers are ethically entitled to bias-free assistance in minimizing negative consequences. Major value positions related to abortion are identified. A strong family life education unit focuses upon the rewarding nature of adult sexual relationships in healthy contexts. (JD)

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TEEN SEXUAL BEHAVIOR

A Leader's Resource of Practical Strategies With Youth

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Teen Sexual Behavior

A Leader's Resource of Practical Strategies with Youth

Linda A. Berne
Pamela Wild

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of Health Education

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Teen Sexual Behavior

A Leader's Resource of Practical Strategies With Youth

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Introduction

This guide is the result of many years' work in the areas of teenage sexuality and teenage pregnancy with youth and parents in schools, churches and community groups. The philosophy and activities you will encounter are based on research findings about the prevalence and consequences of early sexual activity among teens, and feedback from teenagers and parents themselves.

The purpose of this book is to assist leaders in a variety of settings to address with young people the critical issues of teenage sexuality. The units are presented in a sequential pattern which cover teenage sexual behavior as it naturally evolves. In doing so, it addresses the needs of students with wide variations in sexual development and behavior.

The lessons are presented in protocol format. This format has two distinct advantages over other designs. (1) It provides the leader with detailed information and precise directions for presenting the lessons, insuring standardization as much as possible. (2) Because of the standardization, the sponsoring group can approve the specific lesson(s) and be confident that the selected, approved and delivered lessons reflect the group's understandings, values and intentions.

Philosophy

Because we believe early sexual involvement is not in the best interest of adolescents, their current and future families or society, this curriculum is not value free. The philosophical bases of these units include the following: (1) Abstinence is the best sexual practice for teenagers in junior high and high school, and should be encouraged over any other sexual behavior for the age group. (2) Teens who become sexually active are ethically entitled to knowledge and services which can minimize negative consequences to themselves and others. (3) Teens experiencing a crisis resulting from sexual behaviors are ethically entitled to compassionate and bias-free assistance for themselves and the others involved. Encouragement and support for decision-making in the best interest of the persons involved is the role of the educator or counselor. (4) If options are legal, they should be addressed.

and philosophical biases with regard to options like abortion. Consequently, we have identified the major value positions related to abortion (see page 48), and have given suggestions for modifying lessons according to each philosophical position.

Finally, this work is not a comprehensive curriculum. A strong family life education unit is also needed to focus on the positive, rewarding nature of adult sexual relationships in healthy contexts.

Who Should Use This Resource?

If you are an adult leader or teacher of a youth group in a school, church, community organization or agency who feels a need to address the problems of early sexual involvement with teens, this guide may be for you. Because of the curriculum's design and protocol format, a person with adequate knowledge of adolescent growth and development, communication skills, and rapport with adolescents can lead the sessions. If leaders are not experienced or lack comfort with the topic, inservice training *in the use of this guide* is highly recommended. Ideally, there should be a leader and assistant(s) working together. For sessions to have maximum impact, materials and resources must be gathered in advance and the sessions should be practiced verbally with an assistant, anticipating teen or parent responses and needs.

Who Should Be The Participants?

This guide is designed to assist adolescents (ages 11-18, with focus on ages 12-15) and their parents in learning about teenage sexuality and the consequences of early sexual involvement. Sessions should run concurrently for parents and students, using the *same* lessons. It is most important that *boys* be involved in the lessons as well as *girls* and that *fathers* participate as well as *mothers*. Provisions can be made for the sexes to work separately and together. Class size should be 20-40 students and 20-50 adults.

Ideally, some interchange should occur between the adolescent group and the parent group. An hour instruction might be designated for adolescents and parents separately, followed by a refreshment break. Then a 30 minute interchange or co-processing session might follow with the parents and adolescents together for closure. (See Suggestions for Parent Sessions.)

How Should The Lessons Be Presented?

Look at the lessons in the Table of Contents. After the first introductory lesson (vocabulary), the guide is divided into three sections based on the potential sexual behavior of teenagers and its consequences. The first unit is the abstinence unit, which covers what abstinence is and how it can be maintained during adolescence. There are 6 lessons in the abstinence unit. The second unit, Intimate Sexual Behavior, has 8 lessons related to decision-making, standards for sexual behavior, and minimizing the risks of exploitation, pregnancy, AIDS and STDs. Finally, a third unit, Crisis Decision-Making, has 4 lessons designed to help teens seek appropriate assistance and services when in need. A final closure lesson facilitates communication between the parents and teens, or teens with other teens.

Since many lessons build on preceding lessons, time should ideally be provided to cover all lessons in the recommended sequence. Leaders may also select a given number of lessons from each unit, or present certain units to certain age groups. Because adults tend to underestimate the degree of intimate sexual behavior among adolescents, and because children already know more about intimate sexual behaviors and less about abstinence and prevention than adults think, we believe each of these lessons is appropriate for most students in and above the 6th grade.

Units can be taught in the sequence provided by the Human Sexual Behavior Model (see pages 8-9), which is most understandable for students because it follows logical sequence and consequences. Or, the model (and thus the curriculum units) can be presented in reverse order, starting with the crisis lessons first and moving backwards through the intimate sexual behavior unit, ending on the abstinence unit.

Materials/Resources List

The following is a list of all **materials** and **resources** you will need to carry out these lessons:

newsprint	2 hats	audiotape player and music tape
notecards (3x5)	board & chalk	2 right handed rubber gloves
dictionary	pencils	1 pk. drinking straws
masking tape	marking pens	reproductive teaching charts
phone books	whistle	stick-on colored labels (3 colors)
calculator	poster paper	contraceptive teaching kit
2 films	16 mm projector	condom display
screen or wall	extension cord	question box

Resource persons: 3-5 older students, contraceptive specialist, AIDS/STD specialist (see page 54 for suggestions)

Worksheets (need to be duplicated from the following lessons: Introduction, Signs and Symptoms of Pregnancy, Exploring Family Feelings, and Condoms: Step 1,2,3)

Most lessons require some preparation of materials.

The Human Sexual Behavior Model

The diagram to the right is a model showing the progression of typical human sexual behavior, and is the basis of this curriculum's framework. Persons grow from childhood to adulthood. Although we are sexual beings from birth, little girls and little boys are not involved in intimate sexual behaviors with a partner during childhood. We say that they are **abstinent**.

As boys and girls experience puberty during adolescence, they become physically mature and are capable of reproduction. By biological standards, they are men and women with strong attraction for persons of the opposite sex. At some point after boys and girls leave childhood and move toward or into adulthood, they usually become involved in **intimate sexual behaviors** (ISBs) with a partner. ISBs include sexual intercourse, and other behaviors where a person's sex organs touch or enter openings of another person's body.

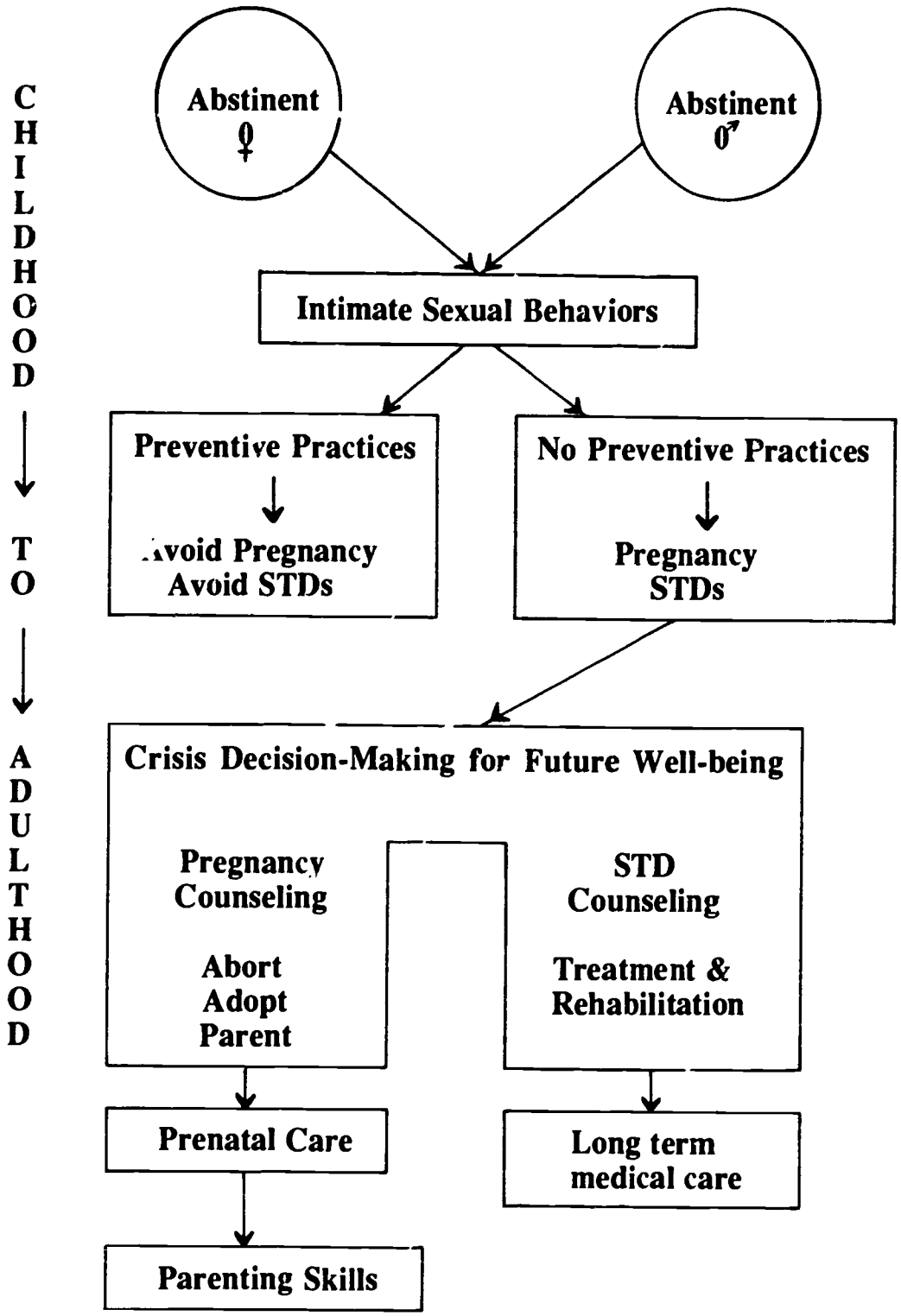
When a couple participates in ISBs, they have a choice. They can apply preventive practices which decrease the risks of an unintended pregnancy or STDs (left side of the diagram). Or, they can not take preventive measures (or not apply them consistently) which may result in unintended pregnancy or STDs (right side of the diagram).

If pregnancy or an STD occurs, the couple faces a **crisis** in which they will need to disclose their behaviors to and seek assistance from adults. They need assistance in deciding what to do about an unintended pregnancy or an STD. In the case of pregnancy, the legal options of pregnancy resolution are explored -- abort*, carry to term & adopt, and carry to term & parent. With an STD, counseling, treatment and rehabilitation are explored if the disease is curable. If the disease is not curable, counseling, long term medical care and self help are needed.

If the person chooses to carry the pregnancy to term, the couple's next need is prenatal care and counseling. Upon the baby's birth, if the decision is for adoption, the need is pre- and post- adoption counseling and placement of the infant. If the decision is to parent, the couple's on-going need is for parenting skills. In all cases, the persons should be recycled into the model with education and services provided according to their sexual behavior needs.

* Options are listed in alphabetical order

Human Sexual Behavior Model



How The Curriculum Fits The Human Sexual Behavior Model

The Human Sexual Behavior Model can be used to develop an effective prevention and intervention curriculum. The first unit involves instruction related to **abstinence,** or an Abstinence Unit. This instruction is directed toward students who are currently abstinent, with the goal of helping them to maintain their abstinent behavior throughout high school. An additional focus is to guide teens who are involved in intimate sexual behaviors back to abstinence.

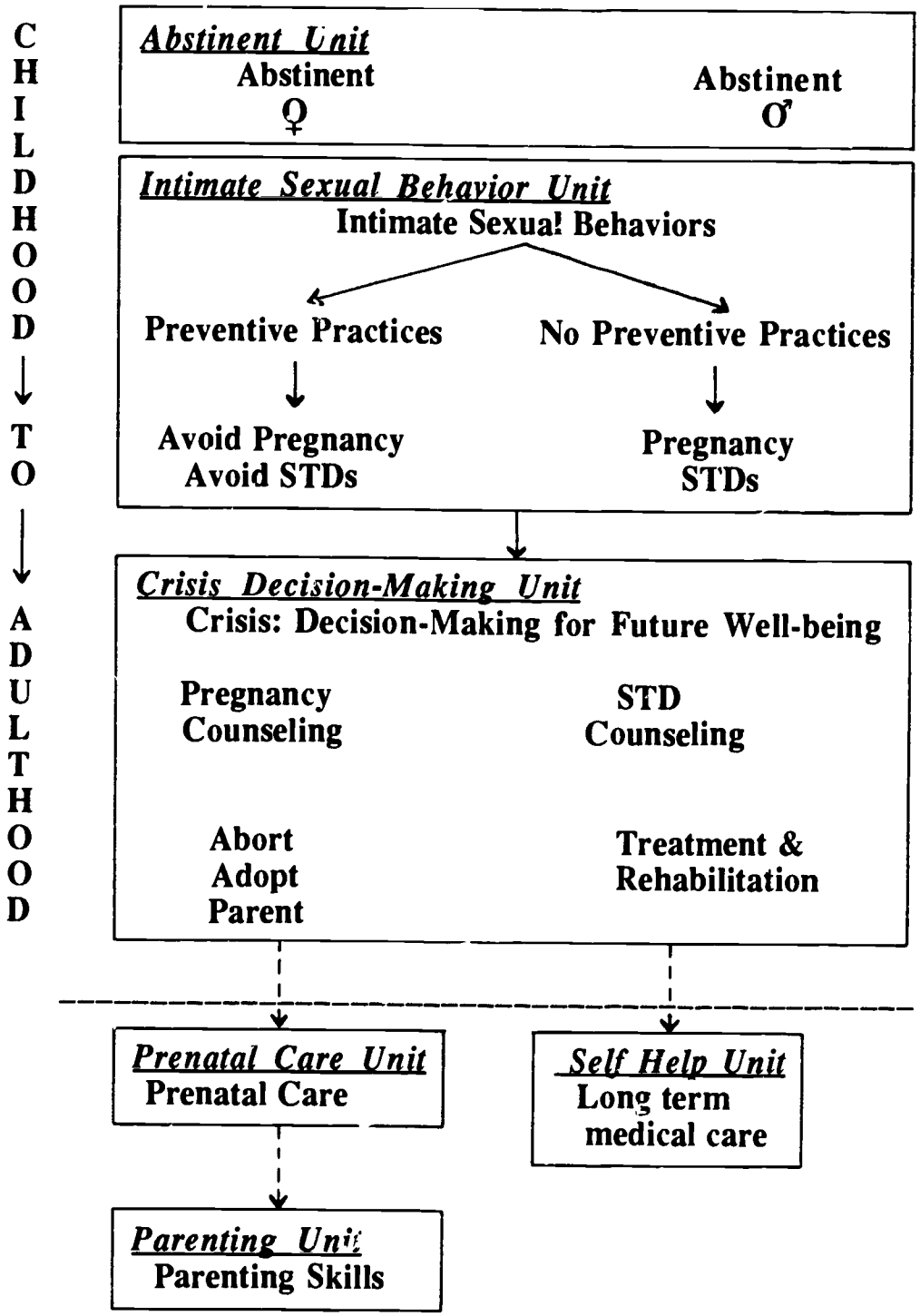
In the second unit, instruction deals with **intimate sexual behaviors.** It is directed toward teens who have made a commitment to intimate sexual behavior with a partner, and those who will be doing so in the future. The goal is to help teens protect themselves physically and emotionally as much as possible until they can once again return to abstinence. Since this is the behavior that follows abstinence, all teens need exposure to units 1 and 2.

Unit three is about **decision-making in a crisis.** The authors believe that teens who wrestle with simulated crisis decision-making will benefit in two ways. First, the emotions that such issues raise may help teens to resolve against denial, and to take preventive action to avoid facing such an ordeal. Secondly, the resolution teens come to in a noncrisis environment may help them to do what's best for themselves and their families should they ever face a crisis.

Groups using this guide may want to add additional lessons on **Prenatal Care**, **Parenting** and **Self Help** on their own to complete the model. We think it is imperative for instruction to cover abstinence, intimate sexual behaviors and crisis decision-making because these are usually dealt with by adolescents before they seek adult help. The units below the solid line are extremely useful, but are more optional than the three units above.

The Human Sexual Behavior Model's main advantage as a curriculum framework is that it addresses the needs of the students from the standpoint of their individual behaviors. This allows the presenter to include instruction relative to the behaviors of all students, either now or in the future, while advocating for abstinence. This model is also useful in that components of other programs (Postponing Sexual Involvement, Sex Respect, A Community Of Caring Curriculum, Teenage Pregnancy: A New Beginning, etc.) can easily fit into the model according to the behavioral level each program addresses.

Human Sexual Behavior Model
Curriculum Framework



Introduction

Words And More Words

Materials: Pencils and term sheets for each student, glossary sheets, board and chalk, question box, notecards

Concept: A common vocabulary is necessary for effective communication about any topic. A working vocabulary of human reproduction and function is a basic requirement for effective learning about sexuality.

Leader Background: Many adults have difficulty speaking objectively about reproductive structure and function. We often skirt sexual topics by not addressing them at all or using funny little names. A noted human relations specialist, Dr. Jesse Potter, says it makes no more sense to call a penis a pee-pee than a finger a point-point. When we use funny words, slang terms, or euphemisms instead of reproductive vocabulary, we give students the strong message of shame, guilt or fear. This does not create a cohort of innocent or modest youth -- it denies youth the power to communicate confidently, firmly and intelligibly with peers and adults about their bodies and their attitudes or beliefs concerning sexuality. For example, a child who can say " Mom, he touched my penis." is much more empowered than a child who says, "Mom, he touched me down there." In fact, the latter child may be hesitant to tell at all. The purpose of this lesson is to give teens a chance to learn and practice the vocabulary of human reproduction, so that they can become more skilled in communicating about sexual behaviors and concerns.

Upon introducing this first lesson of the program, the leader should review the overall plans including number of sessions and topics. In addition, the leader should set the ground rules for the program which may include the following: (1) Treat sexuality with the same maturity as you would nutrition or other subjects. No silly behavior, crude remarks, obscene gestures, etc. (2) Use correct words -- not slang. If you don't know the term, write your question and ask it after the session, or explain that you don't know the term. (3) The right to privacy will be observed. Don't give personal examples, or ask personal questions. You may ask any question in general. (4) If you have a question you don't want to ask in front of the group, put it in the question box. We will answer them anonymously at the end or beginning of sessions. (5) Some topics may not be discussed because of our lack of knowledge or appropriateness. Should you ask a question which is not answered during the session, see us after the session for a referral. You have the right to knowledge and information. (6) Everyone has the right to "pass" (not speak or participate, if they choose) on any question or activity during the sessions.

Objective Teens will be able to identify sexuality terms and recognize the definitions.

Procedure: Arrange teens in a circle. Say **We will begin by learning some basic sexuality words you need to know for participating in these sessions. I will distribute pencils and a vocabulary sheet. When you get yours, place the word beside the definitions in each small box. Do not write your name -- place a secret symbol on the back so only you will know which paper is yours.** Distribute sheets and permit teens to complete them. Take up sheets afterwards, mix them and lay them on the floor face down. Each teen comes and gets one which is not his/her own.

Activity: Leader sits in the circle. Say **I am going to read the first definition. I'll ask one of you to read the word answer written on your sheet. If it is right, I'll repeat the word and ask all of you to say the word. If the word answer is wrong, I'll ask if anyone has another answer. If no one has the answer, I'll tell you which one it is. Each time I will repeat the right answer and ask you to say it again with me.** Give the first definition and ask a teen for the word answer on his/her paper. Continue around the circle asking each teen a word answer. Be encouraging. At the end, collect the sheets and place them face down on floor. Let teens get their own sheets.

Processing: Ask the following questions:
1. Did you have difficulty in filling out the sheet?
2. Was it hard saying the sexuality words out loud?
3. Will it be easier now? Why?
4. Why is it sometimes embarrassing to say certain words which are natural parts of our bodies? Why do people give funny names to parts?
5. Why did we start our sessions with this activity?

Closure: Say **We now have a beginning vocabulary to talk about sexuality. In addition, I'm going to give you a glossary of all the major terms we will be using during future sessions. Try to go over them with one or both of your parents before the next session.** (Distribute glossary.) **During our sessions we will be using many of these terms and discussing behaviors which may sometimes be hard to talk about in public. Sometimes you may want to ask a question anomymously. You can do that through the question box. Let's practice the question box once together. Here is a notecard for each of you. Similar cards will be placed next to the question box which will always be _____ (location). Write a practice question you'd like to ask about sexuality or a fact that you know and would like to share with others. Drop the card in the question box as you leave. We will answer some of the questions before we start each session.**

Match the words on the left with the definitions on the right:

The Male Sex Organs and How They Work

Testes	_____	1. The male reproductive cell
Penis	_____	2. A sac of loose, wrinkly skin that hangs under a man's penis and holds the testes
Sperm		
Scrotum	_____	3. A man's sex organ with a small tube running through its middle which allows urine to leave the bladder and semen to leave his body
	_____	4. Two oval shaped glands in the scrotum that make sperm and male sex hormones
Erection	_____	5. The changes in a limp penis caused by a supply of blood being sent to the spongy tissues to make it firm. Caused by stimulation --physical or mental.
Ejaculation		
Sperm cells		
Semen	_____	6. A natural body function which occurs to boys during sleep
Nocturnal ejaculation (Wet dream)		
	_____	7. Discharge of semen from the penis
	_____	8. The male fertilizing cell shaped like a tadpole
	_____	9. The thick whitish fluid which contains the sperm which is released from the penis

The Female Sex Organs and How They Work

Ovaries	_____	10. The organ in which the baby grows until birth
Menstruation		
Vagina	_____	11. Two organs in the female about the size and shape of almonds in which egg cells are stored and sex hormones are produced
Uterus (womb)		
Ovum (egg)	_____	12. The discharge of bloody tissue from the uterus if an egg cell was not fertilized
Breasts	_____	13. The canal leading from the uterus to the outside of the female body. The birth canal and female sex organ which receives the penis during sexual intercourse
Clitoris		
	_____	14. Female sex cell. (Plural is ova)
	_____	15. Two milk-producing organs which enlarge on on the female's chest at puberty
	_____	16. A tiny knob-like organ above the opening of the vagina which is sensitive to stimulation

Format and Content adapted from United Methodist Human Sexuality Materials, with permission

Other Important Terms

Sexual intercourse	_____	1. Period of rapid physical and sexual maturing in boys and girls
Puberty	_____	2. A network of blood vessels and tissue that develops in the lining of the uterus during pregnancy which exchanges food, oxygen and wastes between the mother and child
Pubic Hair		
Climax (orgasm)		
Placenta	_____	3. The process by which the penis of the man is inserted into the vagina of the woman; the sexual joining of a male and female
	_____	4. Its appearance is the first and most reliable sign that a person is maturing sexually
	_____	5. The high point of sexual pleasure during intercourse or masturbation

Pregnant	_____	6. The term which describes the mother's condition when a baby is growing inside her uterus
Heterosexual		
Conception		
Homosexual		
Fetus	_____	7. What the baby is called during the last six months of development before birth
	_____	8. The fertilization of a woman's reproductive cell (egg) by the sperm of a male
	_____	9. A person who has sexual desires for persons of the same sex
	_____	10. A person who has sexual desire for persons of the opposite sex

Rape	_____	11. A term meaning all that goes with being a man, boy, woman or girl. It means more than sexual behavior
Umbilical cord		
Masturbation		
Sexuality	_____	12. Tube connecting the unborn baby and the placenta with the mother's uterus
Abstinence		
Mucus membranes	_____	13. Rubbing your own sexual organs, sometimes to climax
Genitals	_____	14. Forced penetration of the vagina or anus, or oral sex against the will of a person
	_____	15. Sex organs such as the penis or vagina
	_____	16. The slippery wet linings of body openings like the mouth, nose, vagina or penis
	_____	17. Not participating in intimate sexual behaviors with another person

Abstinence 1

What Does Abstinence Mean?

Materials: 1 prepared sheet of newsprint and a deck of notecards (1 behavior per card) for each group, dictionary

Concept: There are a number of definitions of abstinence ranging from avoiding sexual thoughts, feelings and behaviors to any behavior which is not sexual intercourse. Our definition of abstinent behaviors are those where there is no direct contact of another person's penis, vagina, anus or mouth or their ***fluids*** with your sex organs.

Leader Background: Although health professionals and adults regularly tell students they should abstain from sex, there is not clear direction as to what this means. For some, to abstain means to avoid any thoughts, feelings or behaviors relating to sexual intimacy, and to limit behaviors to holding hands, light kissing and hugging until marriage. Others consider abstinence to mean not introducing the penis into the vagina. In their view, oral sex, mutual masturbation, anal sex or other intimate contact short of sexual intercourse is abstinence. Consequently, a number of adolescents are "preserving" their virginity while engaging in other sexual behaviors which are intimate and risky in physical and psychological ways.

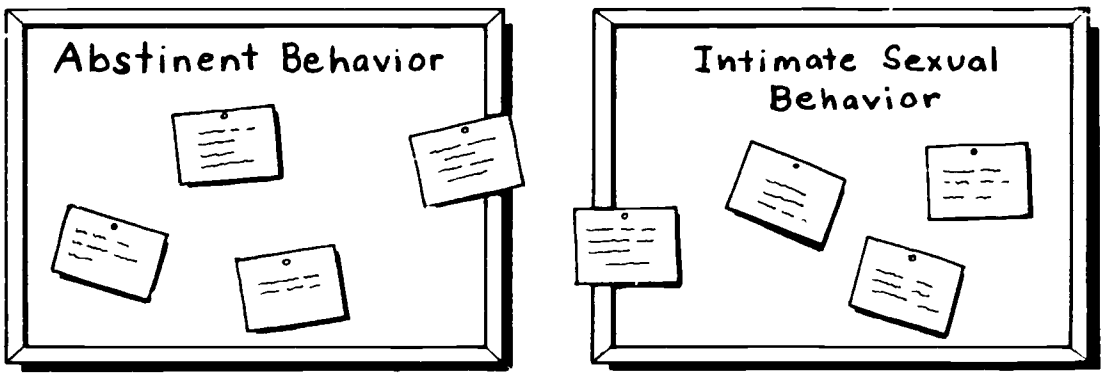
Sometimes adults use terms like necking and petting to describe sexual behaviors to teens. Necking usually implies kissing and caressing above the waist, while petting implies exploring below the waist. Making-out is a continuum term which starts with ardent kissing and ends at sexual intercourse. Teens' views of abstinence may be strikingly different. Our definition of abstinence is behavior which does not involve **intimate sexual behavior.** Intimate sexual behavior is when a person's sex organs touch or enter openings of another person's body, or where there is direct contact with another person's genitals.

Objective: Teens will be able to separate intimate sexual behavior from less intimate sexual behavior, and recognize the less intimate behaviors as abstinence.

Procedure: Say to teens **I'm going give you some terms you hear a lot and I want you to come up with some definitions. What do you think these terms mean?** Give terms: necking, petting, making-out, abstinence. Elicit verbal responses. Say **If you agree with the definition, raise your hand.** (If they don't, continue to ask for responses.) Say **Adults often try to talk with you about sexual behavior, but sometimes we use words with mixed meanings like "abstinence". Let's see what Webster says about abstinence.**

(Read dictionary definition of abstinence. Discuss)
In the future, we want you to think about abstinence this way: the behaviors where there is no direct contact of another person's penis, vagina, anus or mouth or their *fluids* with your sex organs. The behaviors just described will be referred to as intimate sexual behaviors.

Activity: Say I am going to divide you into groups of 4-6. Each group will get a piece of newsprint and a deck of cards. The newsprint will have two columns: Abstinent Behaviors and Intimate Sexual Behaviors. As a group, read each of your cards and decide if you think the behavior is an intimate sexual behavior or an abstinent behavior. If you think it is between, put it on the line between the two columns. Give 10 minutes to complete the task. (Put each behavior on a notecard and mix the cards: dry kissing, holding hands, hugging with hands on arms and back, hugging with hands on other person's hips, open mouth kissing, tongue or French kissing, masturbation (rubbing your own genitals), hand contact with another's breasts, hand contact with another's genitals, mouth contact with another's breasts, mouth contact with another's genitals, hand contact with another's anus, genital to genital contact, sexual intercourse, kissing while pressing body against other person, genital to anus contact.)



Processing:
1. Have groups tell where they put each card and why.
2. Ask groups to line cards up from least to most intimate behaviors.
3. Ask, do you think that the idea of virginity applies only to sexual intercourse? Why, or why not?
4. What are some of the physical health consequences of intimate sexual behavior? mental or emotional health consequences?

Closure: Say It is important that you give a great deal of thought to this idea of abstinence, especially while you are in school. People who are abstinent usually have fewer problems than those who get sexually involved too early. The next lesson will show that everyone, even adults, needs to practice abstinence at some times in their lives.

Abstinence 2

Everyone Has To Be Abstinent, Even In Their Sexual Lives.

Materials: 3 prepared newsprint sheets, 3 markers, masking tape

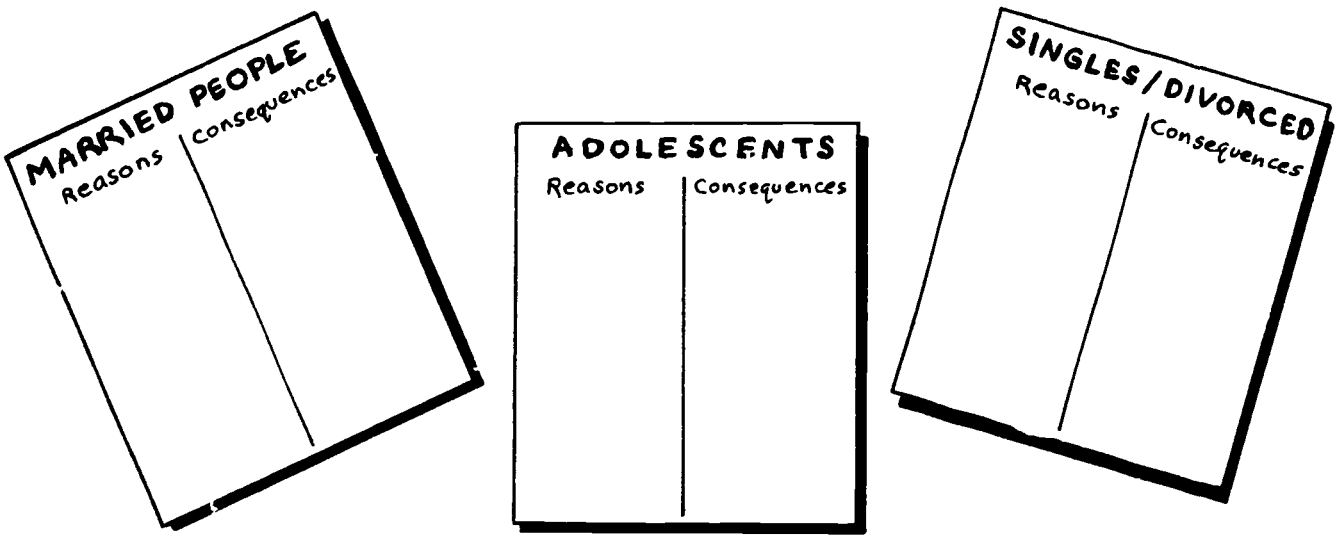
Concept: To have healthy relationships, abstinence must be practiced from time to time by everyone--married, single, divorced, old or young. People with low sexual self-discipline can harm their relationships and their lives over and over again.

Leader Background: Many young people have the misconception that once a person becomes sexually active, they are forever, non-stop sexually active. They do not realize that persons move into sexual activity and then back into abstinence under a number of conditions and occasions. Fidelity in relationships requires a self-discipline that can be learned by practicing abstinence in adolescent years. Married couples may need to practice abstinence during long or short separations (work away from home, war), illness, impotence, or for other reasons. Divorced and single persons often practice abstinence until they return to a pairbonded relationship. Teens practice abstinence because they wish to wait until marriage; to avoid pregnancy, sexually transmitted diseases, embarrassment, or exploitation; to not disappoint their parents; to follow their religious beliefs; to wait until they can give their one-time gift of virginity to someone who will always be special; to be positive role models for siblings, etc. There are a sizable number of adolescents (about 20%) who are "secondary virgins", persons who had sex one time or in one relationship, but who have returned to abstinence. Teens need to understand that abstinence is the best first option for them during their teen years. They also need to know that if tney get into a sexually intimate relationship, it would be to their best interest to return to abstinence, and that many of their peers do.

Objective: Teens will be able to cite situations during which all sexually active persons should practice abstinence and what some of the consequences are to those who don't.

Procedure: Say **Many young people think that once a person becomes sexually active, they have sexual intercourse regularly from that time ever more. But this isn't true. For instance if my husband/wife were out of town on a business trip this week, he/she would not be too happy with me if I were to go out and find a new sexual partner while he/she was gone! There are many occasions and reasons why married people, single or divorced people, and teens want or need to be abstinent.**

Activity: Say I am going to divide you into three groups representing three sets of people. If your birthday is in January to April, you'll be the marrieds; May-August, you'll be the single or divorced adults; and September-December, you'll be the teens. Using the newsprint, brainstorm some of the reasons, occasions or situations in which your group might wish or need to be abstinent. In the right hand column, write what kinds of things might happen if they are not. Try to think of mental, social, emotional and physical consequences. (Give the groups 10-15 minutes to complete the activity. Move around and give help where needed.` Have a reporter from each group show and explain results to the whole class.



Processing:

1. Do you think society should expect single, divorced or widowed adults to behave sexually the same as teens? Why or why not?
2. Are married people ever attracted to people other than their marriage partners? How do you think sexual self-discipline affects their behavior?
3. Do you think a person who spent many years having many sex partners would have difficulty becoming and remaining monogamous? Why, or why not?

Closure: Say Now and within the next few years you are establishing patterns for your sexual lifestyle. Making self-discipline a part of that lifestyle will help you have strong, loving relationships and few if any regrets in your life about what you did and with whom you did it. It will always be easy to hold your head up when you see your friends, peers and family--1 day later or 10 years later at your class reunion.

Abstinence 3

Standards Of Sexual Behavior

Materials: Board and chalk, newsprint, markers, 1 notecard of questions per group, masking tape

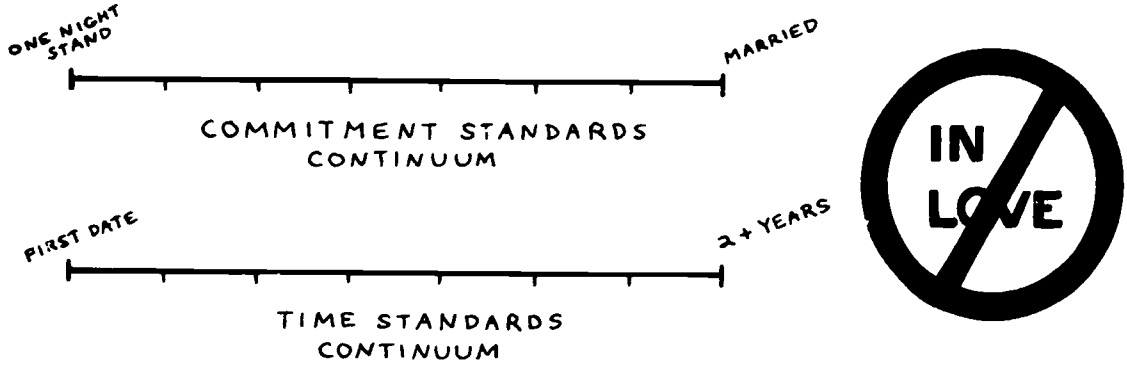
Concept: People who make the most mistakes in sexual behaviors rely only on being "in love" rather than the amount of time or commitment invested in the relationship. A person finds greater total satisfaction and makes fewer mistakes when there is more time and commitment in a relationship.

Leader Background: Most persons are not sexually promiscuous. They tend to have certain standards in a relationship before they become sexually intimate. The three most common are (1) a certain level of **commitment**, (2) a certain period of **time** and/or (3) **being "in love".** Persons who rely only on the feeling of "being in love" often misjudge persons, are seen as "easy" and tend to get hurt. They confuse love with infatuation or sex drive. Standards of commitment can be placed on a continuum from the most to least commitment. A continuum of intimate sexual behavior related to commitment could read as follows: Intimate sexual behavior only after marriage; engagement; going steady long term after age 18; going steady short term after age18; going steady long term after age 16; going steady short term after age 16; dating; friend; acquaintance; one-night stand. A time standard continuum might read: after 2 or more years; 1 year; 6 months; 4 months; 2 months; 1 month; 5 dates; 3 dates; first date. According to Broderick's Double Funnel Theory, males in our society traditionally have been expected to channel the sexual intimacy toward sexual intercourse, and females have had the responsibility of channeling the commitment toward marriage. The two systems were to go at parallel paces so that sexual intimacy and marriage occurred at the same time. Research shows a breakdown in the system with young couples today. Both males and females are pressing for sexual intimacy, while the females continue to press for commitment. Longer education, career goals and delayed marriage have changed the traditional role of females toward sexual intimacy without official commitment, yet most still usually desire pairbonded relationships. Females, however, tend to lose leverage in a relationship when they give too much too soon.

Objective: Teens will be able to define sexually intimate behavior in terms of commitment standards and/or time standards, and determine the best standard of behavior for their own values and future goals.

Procedure: Say **Although we adults feel it's in your best interest to delay intimate sexual behaviors, you and only you will decide when you will become sexually involved. How does a person decide when sex is right in a**

relationship? Take several responses from students. Say, **a response often given is "if I'm in love". Do you think that is a good way to decide? Why or Why not?** Elicit responses. **Have you known someone who falls in and out of love weekly!? Two better ways to decide are commitment and/or time. To learn about them, we are going to use a continuum. Do you know what a continuum is?** Give definition. Draw a continuum on the board and label "commitment". Have students think what belongs at each end of the line, the most commitment before *sexual intercourse* on the right, and the least commitment on the left. Do another continuum for time.



<u>Activity</u>: Ask **Does everyone's behavior fall on either the one extreme or the other? Get into small groups and see if you can decide on other guidelines of time or commitment which fall between the two ends.** Allow approximately 10 minutes and check to see if they use a logical progression in labeling their continuum (see background notes). Give each group notecards with the questions below, and ask that they discuss the answers among themselves and make marks on each continuum where they think the answer belongs:

1. Place an **x** mark on each continuum where you think most of your friends' standards (guidelines) are for intimate sexual behavior. Place an * where you think your parents expect it to be. √ where media places it.
2. Do you think boys brag more than they really do? What about girls?
3. What do *you* think is a minimum standard for a "good" reputation?
4 How should you determine where your standards will be?

<u>Processing:</u> Discuss the questions above.

<u>Closure</u>: **Suppose someone tells you they would like to have a really good relationship, but seem to keep getting used. What questions would you ask? What advice would you give? The best rule of thumb is, if you feel uncomfortable about the behavior you're considering, give the relationship more time before you act. If the person really cares about you, they can overcome the pressure for intimate sexual behaviors until you are ready.**

Abstinence 4

Staying Abstinent In A Sexually Permissive World

Materials: Newsprint, markers for each group, older students of influence, notecards, masking tape

Concept: Certain activities, situations or events decrease or increase the pressure for sexually intimate behavior. You need to be able to spot the dangerous ones ahead of time so that you can use your judgment and personal will power before the body's sexual feelings can take over. To avoid thinking about these situations ahead of time is denial.

Leader Background: For most of us, hind sight is 20/20. We don't know what leads us into sexually intimate behaviors until we find ourselves there and find it difficult to turn around and go back. Adults and older teens can often tell younger teens what kinds of situations to get into and to avoid to bolster their commitment to abstinence, once the commitment is made. Some examples of **things to promote abstinence** are: hang around with teens your own age, do fun things in groups, get involved in hobbies, find ways of using your talents and getting positive strokes, find friends who accept you as you are and don't push, learn to say "no" when you need to and "yes" when you need to, try to do at least one activity with your parent(s) per week, find at least one adult friend, save single dating until junior or senior years, work and earn money, establish goals and move toward achieving them, stay sober and keep clothes on, etc. **Things to avoid**: hanging around with older friends or friends who are sexually active, having opposite sex friends over when parents aren't home, "hiding out" at parties, parties with no chaperones, getting drunk or high, "teasing" and testing, using media and books which stir sexual feelings, going steady, looking up to poor adult models, heavy petting, and kissing while lying down together.

Objective: Teens will be able to determine whether a given situation or condition would promote sexual intimacy, be neutral, or promote abstinence and tell why.

Procedure: Say **Many of you are choosing to remain abstinent during your teen years. We want you to think about some situations and behaviors which will help you stay abstinent. Then think of some situations and behaviors which might weaken your decision about abstinence and lead you toward early sexual involvement. Learning to see these situations ahead of time helps you avoid them, and thus reduces pressure on yourself.**

Activity: I am going to place you in groups of 4 (with one or two older students)* in each group. Using the newsprint and markers, come up with circumstances, activities and behaviors which *help* a person stay abstinent, and those which *encourage* a person toward intimate sexual behavior. Allow students to get into the groups they choose. Give them 15 minutes to formulate lists. Have them post newsprint and a person from each group to present information. Stimulate further thinking if they left out important ones.

PROMOTES ABSTINENCE	PROMOTES INTIMATE SEXUAL BEHAVIOR
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

Processing:

1. Ask students what feelings or results would probably happen in some of the situations they came up with.
2. Come up with several "dos" and "don'ts" parents and other adults have told them from time to time. Ask them to tell what they think the big idea is that the adults were trying to get across.
3. Role play saying "yes" or "no" to some of the situations they came up with above. After the role play, ask if it was realistic. If not, how would it have been different in real life?

Closure:

Ask teens to write a "thought card" anonymously about how they feel as a result of this lesson. Ask them to bring in Dear Abby's and other human interest stories and relate them to good or poor decision-making as discussed in this lesson.

* Because this information is better received from older teens than from adults, you might use a young high school teen with junior highs, and older high school teen with younger senior highs in each group. If you use older students in this activity, students should be oriented to the task and anticipated outcomes prior to working with younger students. Select students who have status with younger students who role model abstinent sexual behavior.

Abstinence 5

Avoiding Risk Of AIDS Through Abstinence

Materials: Three signs: "safe", "risky", and "?", masking tape, cards from Abstinence 1 lesson

Concept: AIDS is acquired by receiving body fluids from a person with the AIDS virus. Persons can *avoid* the risk of AIDS and other STDs by remaining abstinent, mutually monogamous with an uninfected partner, and not sharing needles with another person.

Leader Background: AIDS is a sexually transmitted disease (STD) caused by the HIV virus. It harms the human body by destroying T-Helper Cells, the cells of the immune system which help fight off diseases. Anyone who receives body fluids (semen, blood, secretions) from a person infected with the virus can acquire AIDS. Other STDs are acquired more easily-- through mucus membrane (moist membranes of the body) contact, usually the genitals. There are three classifications of HIV infection. The first is HIV infection, where the person has the HIV virus in the body, but otherwise, has no signs. The second class is ARC, or Aids Related Complex. At this level there is severe and long term diarrhea, flu-like symptoms, night sweats, unexplained weight loss, fatigue and swollen glands. These episodes last three or more weeks at a time. The third classification is diagnosed by certain opportunistic diseases such as PCP (a rare pneumonia), Kaposi's Sarcoma (a cancer), dementia and others. At this time the person is said to have full blown AIDS, the fatal AIDS disease. A person is contagious at all three levels. To date 38-75% of the persons who have the virus go on to have ARC, and most ARC patients develop the AIDS disease. The incubation period from virus entry to ARC may be 5-7 years or longer during which the person may unknowningly be a carrier.

AIDS is not acquired through air, casual contact, or simply living with an AIDS patient. Although mosquitos can acquire the virus, there are no reported cases of transfer through mosquitos. The most direct risks for AIDS are: receiving and giving anal intercourse or sexual intercourse with an HIV carrier, using a hypodermic needle that an HIV carrier has used, receiving blood or transplanted parts from an HIV carrier, being born to an HIV carrying mother. Other possible risks are oral sex with a carrier and possibly deep kissing. Current high risk groups are homosexual and bisexual men, IV drug users and prostitutes. Health officials think adolescents will be a high risk group in the future. By the 1990s, AIDS will be a leading cause of death in the United States if it is not contained. (Re-read Abstinence I Leader Background.)

Objective: With regard to STDs, teens will be able to sort abstinent behaviors (safe) from intimate sexual behaviors (risky). Teens will be able to separate safe *non-sexual* behaviors from risky non-sexual behaviors.

Procedure: Say **We are going to talk about perhaps the scariest epidemic in all of modern history today, AIDS. I'm going to ask for volunteers to tell something they have heard about AIDS. After each finishes speaking, I'm going to ask the rest of you to signal "thumbs up"** (show thumbs up sign) **if you think that is true, "thumbs down" if you think it isn't** (signal), **and cross your arms if you don't know.** Spend about 20 minutes fielding "I've heard..." statements, observing student responses and giving information. You may wish to have an AIDS specialist or medical doctor present for clarification.

Activity: Say, **On the left wall, you see a sign which says "safe" and on the opposite side, a sign saying "risky", and on the ceiling in the middle, a sign with a "?". After these directions, we will ask all of you to go to the middle of the floor. Then we will read, one at a time, a behavior. You are to decide how risky or how safe it is concerning AIDS, and then move to a position on the floor showing your answer. For instance, if you think the behavior is totally safe, stand all the way to the "safe" wall; if you are unsure, stand in the middle, etc. Now go to the floor.**
(Mix the cards from Abstinence I lesson and add the following behaviors: giving blood through Red Cross(S), receiving blood through Red Cross(?S), smoking joint after someone(S?/?R), skin popping with someone else's needle(R), eating after someone(S), being bitten by a victim of AIDS(?), sharing lipstick(S), getting someone else's blood in your cut(R), getting a mosquito bite (S), living with an AIDS patient(S). Call out one-by-one, asking teens why they chose the position they did. (All ISBs from Abstinence I lesson are risky, and all Abstinence behaviors are safe.)

Processing: Ask the following questions:
1. Some say you can not get AIDs by giving blood, but you may get it if healthy people don't give blood. What do you think they mean? (Blood must be bought if not enough is given. Who sells their blood?)
2. Do you think there should be mandatory AIDS testing? Why? Why not?
3. Can you tell if a person is carrying AIDS? Can you tell if a person has never had sex with anyone? Can you tell if a person is faithful to you?

Closure: Say **Most experts think a vaccine or cure for AIDS is a long way off, perhaps not until the next century. Your behavior during the next 10 years may determine whether you live a normal life, whether you live with a virus you can give to others which can kill them, whether you live with the problems of ARC, or whether you die in your late teens or 20s from AIDS. But you won't have to worry about any of this if you do 2 things: remain abstinent until you select one faithful partner and avoid contaminated needles.**

Abstinence 6

"You'd Do It If You Love Me" And Other Lines.

Materials: Newsprint, markers for each group, 8 hypothetical situations on notecards, matching pairs of numbers for participants, lesson title cards and matching concepts

Concept: Lines are insincere forms of communication used to persuade another person into doing something they don't want to do. Lines can be rebuffed verbally or non-verbally in a variety of ways. You can show you care about someone and still rebuff a line from him/her.

Leader Background: Through a number of media, young people are conditioned to communicate with each other about sex through the use of sexual inuendos, or lines. It is a gaming, one-upsmanship used especially among the recreators, exploiters and tension reducers,(see Intimate Sexual Behavior 1 Lesson), a practiced art of the sophisticated and macho, with the goal of "scoring". Pairbonders probably have the most trouble with exploiters' lines because they often masquarade as pairbonders, saying what they feel the pairbonder wants to hear and believe. Pairbonders in relationships don't use lines -- their communication is sincere and they mean what they say. However, in early stages, there is a sense of "flirting" by both sexes during which lines are extensively used. Some of the typical lines include: Everybody does it, Don't be such a prude; You would if you really loved me; I'll find someone else who will; What's the matter-- you gay or something? Prove you're a woman/man; WW III may blow this place tomorrow-- do you want to die without ever knowing what it's like?; Come on, it's fun; I won't ever tell anybody; Let's just play around a little--I'll stop in time; You can't get pregnant the first time; We might not get another chance like this; Are you frigid or something? Although females are guilty of using lines as well as males, it has been traditionally the male's role to try for sexual intimacy, and the female's role to refuse it until the male has made a commitment to her that she wants (See Broderick's Double Funnel Theory in Abstinence 3). Lines can be rebuffed by logical responses to the line: Everybody does not do it.... and besides, I'm not everybody, I'm somebody; If you really love me, you won't push; Having sex doesn't prove anything. They can be rebuffed by changing the subject (Let's get something to eat, I hear the cops patrol this place, etc.,) or humorously ("I didn't realize I was going out with an octopus", "Wrong place to park your hands", or nonverbally (removing the person's hands, turning away, turning on the radio, getting up, etc.). Leaders need to focus the importance of keeping one's self-esteem as a major priority.

Objective: Teens will be able to identify typical lines and practice rebuffing them verbally and non-verbally.

Procedure and Activity: Say **Who knows what a line is?** Get spontaneous definitions. Give the students the definition from the notes. Say, **I'm going to divide you into groups of females and males. I want you to write some of the lines typically used to persuade someone into sexual behaviors before they are ready. In the second and third columns, come up with a good verbal response and a good non-verbal response to rebuff (throw back) the line. When you finish we are going to role-play responding to lines in humorous ways, in caring ways, in non-verbal ways and other ways. Sometimes the male will press the line and sometimes the female.** Give them 15 minutes to complete the activity, and have them practice delivering and rebuffing lines in their small groups first. Arrange participants in a large circle. Number boys and girls. Draw matching numbers, give a hypothetical situation and have them role-play responses. Ask the group if it was realistic. If not, how would it have been different in real life.

LINES FREQUENTLY USED	VERBAL REBUFFS	NON-VERBAL REBUFFS

Processing:

1. What types of people are most likely to use lines? Least likely?
2. Why do people use lines? Why are lines sometimes difficult to resist?
3. Does media show more honest communication or lines in TV shows like the Dating Game? Why?

Closure: Say, **Even though it might be fun to think up rebuffs to lines, there are 3 additional steps you can use to stop the pressure. First, stay strong and keep repeating your "no" response. Second, if the person keeps pressing, tell them that their persistance even though you've said no makes you feel they don't care about your feelings. If they still persist, say it's a closed subject -- you won't talk about it anymore.** (To conclude the Abstinence unit, pass out all the concepts from the abstinence lessons and the titles of the lessons. See if students can match the concepts with the lesson titles.)

Intimate Sexual Behavior 1

What Is Your Sexual Lifestyle?

Materials: 4 newsprint sheets with characteristics on left, markers for each group, masking tape

Concept: People have different sexual lifestyles. Pairbonders seem to have the most positive relationships because they care for the whole person. Pairbonders are usually hurt by recreators, exploiters and tension reducers. Pairbonders have the least physical, emotional and health problems as a result of their sexual lifestyles.

Leader Background: There are four major sexual lifestyles including pairbonders, recreators, exploiters and tension reducers. The definition of each is as follows:

Pairbonder: One who is faithful and committed to a single partner over time. The whole person and the relationship are more important than sexual gratification although the sexual bonding is strong.

Recreator: Sex is for physical pleasure and fun. No commitment is desired. The recreator has a number of partners, often at the same time, and doesn't see relationships necessarily attached to sex. He/she may admit, when asked, that what he/she wants is sex, not a commitment.

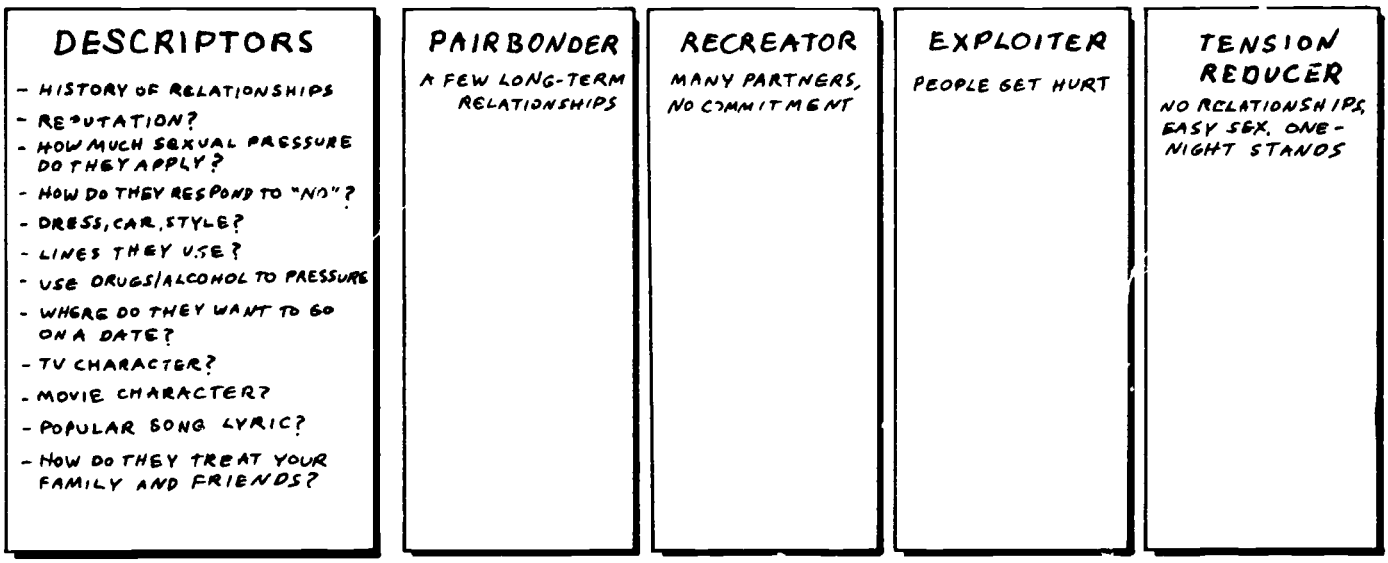
Exploiter: Sees sex as a power tool, or a challenge -- to get someone, somewhere or something they want. Takes sexual advantage of another person without regard or respect for their feelings or well-being.

Tension Reducer: Has emotional needs which have not been met or frustration energy not released in a normal way. A tension reducer uses sexual intimacy in an attempt to get love, acceptance, or to relieve stress.

Two major tasks for teens are to define which sexual lifestyle they will live by and to observe clues which help identify the sexual lifestyles of others before they "fall in love" or become intimately involved. (Realistic judgments are difficult to make about someone you are already in love with.) Pairbonders have the best relationships when matched with other pairbonders, and tend to get hurt when matched with persons of other lifestyles.

Objective: Students will be able to accurately profile each of the sexual lifestyles, identifying observable cues to the lifestyles.

Procedure: Say, **We are going to talk about 4 sexual lifestyles and learn to identify each by the clues we can observe. Let me give you a definition of each lifestyle as I list them on the board.** Read and discuss each definition from Leader Background. Tell students to remember the number you will give them, and number them off 1-4.



Activity: Say **After you get into your groups, your task will be to describe the profile of the lifestyle you draw. Your newsprint sheet will have a number of characteristics to the left. Think about how this person would be in each category.** Have students select one of the lifestyles to profile. Give newsprint with the following descriptors: history of past relationships, reputation, how much pressure do they apply for sex, how they respond to "no", how they dress, lines they use, alcohol/drug use to pressure for sex?, where they take you or want to go on a date, behavior on a date, how they treat your family/friends, a TV character, popular song and movie which portray or describe the particular sexual lifestyle. Give 10-15 minutes to complete. Have participants post, explain and compare.

Processing:

1. How might this information be useful to someone starting a new relationship?
2. Discuss mismatches. Have students project what will happen with certain mismatches (pairbonder with an exploiter, etc.)
3. What are the possible health consequences (physical, mental, social and emotional) with each lifestyle?
4. Recall the commitment and time standards for sexual behavior (lesson A-3). Place a P at th_ earliest point you believe a Pairbonder will engage in intimate sexual behavior. An R for Recreator. A T for Tension Reducer. An E for Exploiter. Why do you think pairbonders wait longer than the other three groups? (To weed them out and have relationships only with other pairbonders)
5. Recall the last lesson about "lines" (A-6). Which lifestyle is least likely to use lines? Most likely to say what you want to hear, but not mean it?
6. Does media give a true picture of sexual lifestyles? Which type is shown in the most appealing light? The least? Why do you think this happens?
7. Discuss: Can you change another person's sexual lifestyle?

Closure: Ask students what they think the big idea of this session is. Lead them in their thinking toward the concept of the lesson.

Intimate Sexual Behavior 2

How Close Is Too Close?

Materials: Newsprint, markers, 4 sets of behavior sequence cards, question cards for each group

Concept: Persons tend to follow a predictable pattern of behavior leading to sexual intercourse. Owning your behavior and being able to discuss it with your partner is a sign of maturity and responsibility.

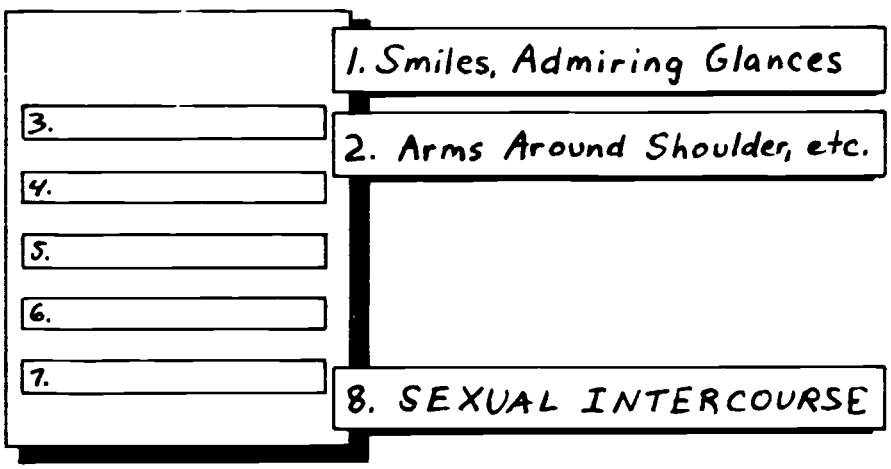
Leader Background: People tend to follow a predictable pattern of behaviors which lead to sexual intercourse. The general sequence is as follows: smiles, admiring glances, pleasant conversation; arm around the shoulder or waist, or holding hands; first kiss; more lengthy kissing and hugging; intense kissing and caressing the body above the waist, outside clothing; caressing the body above the waist, beneath the clothing; caressing below the waist outside of clothing; caressing below the waist beneath the clothing; stimulation of genitals to orgasm; sexual intercourse. (Some persons precede the sexual intercourse stage with oral sex. There seem to be three reasons: it gives the partner satisfaction without intercourse, it prevents pregnancy and it preserves their concept of virginity.) The time period from step 1 to intercourse is widely variable, but the duration tends to ***decrease*** with each new relationship. (Note: Research suggests that adolescents from low socio-economic families go from kissing and hugging to intercourse without the middle stages, and thus are at greater risk.) As couples advance through the pattern, decisions are being made, consciously or unconsciously. It is important for both persons to own their behavior and discuss how they feel about this and future behaviors rather than being "swept away". Once the couple moves to the next step, they risk breaking up the relationship if they try to move backwards. Much of how they will feel about their sexual self-concept in the future depends on the quality of their first experience.

Objective: Teens will be able to correctly arrange the typical sequence of behaviors that lead to sexual intercourse and identify important decisions to be made at each level.

Procedure: Say **We adults have given you very little specific guidance about the information we are discussing in this session, the behaviors which lead up to sexual intercourse. What are some of the reasons you think this is so?** Elicit responses and discuss. **Do you know researchers have found that most humans go through a predictable pattern of behaviors leading up to sexual intercourse? I am going to divide you into groups and give each group a newsprint sheet with the words 'smiles, admiring glances and conversation" at the top and "sexual intercourse" at the bottom. Your**

first task is to use the behavior cards (from general sequence of behavior pattern in leader background) **to fill in the space, step by step, as to what you think happens before sexual intercourse.** Tell students this task requires a good bit of maturity. They may feel embarrassed or have to giggle and this is natural. But don't let it keep them from completing the task. Give enough time for all to finish. Have them show and compare their lists and try to agree upon a single list for the next activity. (You may choose to do this part as one big group and break to small groups for the next part if strapped for time).

Activity: Back in the small groups, have students discuss the following questions and report back to main group: How far is ok for the first date? For 5th date? For 20th date? How far is ok for junior high? Senior High? What would be your parents' answers? Why? At what stage do you think a commitment has been made to have sexual intercourse with that partner, either now or later? At what stage is it likely that body feelings will overtake brain reasoning? At what stage should a couple talk about contraception? STDs and AIDs? An unplanned pregnancy? At what stage should the couple make plans for contraception? Does it depend on the type? Should these conversations take place during sexual behavior or at another time? Why? At which step does abstinence stop and ISBs begin?



Processing: Process the questions as you go, leading the group to relate this information back to the standards lesson (how much commitment and time in addition to "love" at each step) the sexual lifestyles lessons (how much time and commitment for pairbonders, recreators, etc.) Discuss some of the relevant background information with teens (can't go backwards in a relationship, etc.) Roleplaying conversations is helpful.

Closure: Ask **Are the behaviors in each step decisions, or do they just happen?** After feedback, explain that *all* are decisions, consciously or unconsciously. Denial and pretending your behavior is not really happening is dangerous. Discuss the importance of owning behavior and sharing feelings with the partner. Explain that if they are too embarrassed, too shy, or too afraid, they are not ready for sex yet.

Intimate Sexual Behavior 3

Getting Effective Contraception When You Need It

Materials: Presenters, contraceptive teaching kits, reproductive teaching charts
(see Resource Section for selecting appropriate presenters)

Concept: No perfect means of contraception exists other than abstinence. However, there are highly effective methods of preventing pregnancy and sexually transmitted diseases if used correctly and used every time.

Leader Background: Research suggests that most teenagers who are sexually active don't want to become pregnant. They tend to use withdrawal, the rhythm method and condoms as their major forms of birth control. These techniques rely heavily on the self discipline of the male, while major consequences of pregnancy happen to the female. Many teens simply count on good luck or put the possibility of pregnancy out of their minds. It is a natural phenomenon for teens to think it can't happen to them. Consequently one third of teenagers who are sexually active become pregnant each year. Studies show that teenagers have sexual intercourse for about six months before they ever seek effective contraception, and then they seek it because they have signs of pregnancy or have a pregnancy scare. Teenagers often report that they do not use contraception because (1) planning takes away the spontaneity of sex (2) they feel bad if they "plan" to have sex and (3) they can't get effective contraception without disclosing the fact that they are sexually active to adults, directly or indirectly. Some studies show that many teenagers, especially girls, whose behaviors are inconsistent with their values tend to psychologically deny their sexual behaviors altogether. What is the effect of contraception on teenage sexual behavior? Research indicates that contraception availability does not cause teenagers to initiate sexual intercourse, but that once they obtain it, they tend to have sexual intercourse more often in a given time period than without it.

Objective: Teens will be able to identify effective contraceptive techniques, and where to get them with relative anonymity and at minimal cost, and how to use them.

Procedure: Say, **We know that people do not seek out contraception unless they need it. We also know that many people need it, but do not take action to get effective means of contraception. Why do you think that is?** Elicit responses and discuss. Try to ask leading questions to pull out reasons presented in the leader background information if they don't suggest them. **Today, we have with us _____ _____ from _____ who is an expert in the topic of contraception. As I've said before, we hope you will not need to use this information until much later in your life, but we know only you**

will make the decision as to when. _____ has brought all the major types of effective contraception and will tell you important facts about them such as how they work, advantages and disadvantages, side effects if any, where they can be purchased and how much they cost. We will pass these items around so that you can get a close look at them. If you have any questions, please ask them... no question is a dumb question. In addition, I'm going to put this telephone number on the board, so that if you think of a question later or have a question or concern you don't want to ask in front of the group, you may call her (him) at his/her office later. He/she will also tell you a variety of places to get contraceptives in _____(town). Please welcome _____.

This presentation is best if given by several presenters in the small groups like the other activities. If there is only one presenter and the group is over 20, a contraceptive film such as Hope Is Not a Method may be used, with a contraceptive display and time for students to do other activities while each small group has some time with the presenter at the display. Make certain your presenter covers the following: Review of the male/ female reproductive systems and how they work; review of the ovulation- menstrual cycle and when ovulation is most likely to occur with the warning that these numbers are based on averages, but no one can predict for sure when ovulation will take place; abstinence is the only perfect technique; multiple methods (i.e.,condom and pill) are more effective than any one technique by itself; current techniques applicable to group in order of effectiveness (condom and oral contraceptive, condom and sponge, condom and diaphragm; condom and foam; condom and withdrawal; condom, diaphragm, sponge, or foam alone). Discuss natural family planning and explain why professionals hesitate to teach it to teens (you must have a regular cycle and most teens don't; it takes special training to learn; you must monitor it for 6 months before using; you must say no during certain days; teens will try it rather than using more reliable techniques.) Have presenter tell teens about health departments, Planned Parenthood, pharmacies, condom-distributing service stations and other sources of contraception. Have the presenter encourage teens to tell parents if they are sexually active and use their family doctor if they wish. This might be a session where you would have parents and teens together for the demonstration part of the session, and then separate them for questions. You might ask the parents how many of them would want their teen to tell them if the teen was sexually active and how the parents think they would respond. This lets the teens know how their parent(s) feels right up front.

Intimate Sexual Behavior 4

Is Contraception The Answer To All The Questions?

Materials: Newsprint, markers for each group, cards, pencils for each, masking tape

Concept: Before a relationship is ready for intimate sexual behavior, more questions must be answered than preventing pregnancy and STDs. A high level of trust, caring, communication and loyalty must be reached before the outcomes are more positive than negative.

Leader Background: Many individuals believe that if they take care of contraceptive needs, are aware of signs and symptoms of sexually transmitted diseases and take measures to prevent them, there are no other serious consequences to be considered with intimate sexual behavior. The activity of this lesson helps adolescents focus on some of the other tangible and intangible consequences including: For females- What if he drops me after we do it? he tells everything all over school? my parents find out? we get caught in the act? the contraceptive fails? he claims he's not the father? everyone finds out I'm pregnant? he wants me to have an abortion? everyone finds out I had an abortion? I catch something incurable? he's just using me for sex? it makes me feel so guilty, I break down? he forces me (date rape) or hurts me?

For males - What if she hates me after we do it? I can't perform, or meet her expectations? we get caught by somebody? she gets pregnant? she wants to keep the baby? family court forces me to pay child support? the family pressures me to marry her? I catch something from her? she traps me on purpose? These questions and others need satisfactory answers before intimate behaviors occur for the outcomes to be positive. A long term relationship with trust, maturity, communication, and commitment minimizes the negative possibilities. The younger the person experiences intimate sexual behavior, the more likely negative outcomes (physical, social, emotional, and spiritual) will result.

Objective: Students will be able to identify and successfully process major concerns with intimate sexual behavior other than contraception and prevention of STDs.

Procedure: Say **We hinted in the last lesson that there were many more questions to answer other than those concerning contraception and STDs when considering intimate sexual behavior. What are some of the other questions you might want to know about your girl/boy friend or your relationship before you become sexually intimate? Write your question on the card provided. I'll give you just a couple of minutes.** Ask for volunteers to present their questions or take them up an read them anonymously.

Activity: **We have compiled 2 lists of questions** (from leader background) **that girls most often ask and boys most often ask. I am going to divide you into groups of 4-6 with half girls and boys in each. Take the questions for each sex, identify how you think the person would feel if the answer is "yes" to the question, and what do you think the short term and long range consequences would be for the person or couple involved, and how they might prevent the problem. You will work on both the male questions and the female questions.** Give 20 minutes or however long it takes for most to finish. You might suggest that some groups start at the bottom and others the top, some start on the girls sheet and others the boys so that all will have been covered and can be addressed.

QUESTIONS WHAT IF...	FEELINGS	ST/LR CONSEQUENCES	PREVENTION
1.			
2.			
3.			
⋮			
5.			
6.			
7.			
8.			

Processing:

1. Start with sheet of male "what ifs" and address each question, with groups giving their conclusions and discussing.
2. Ask, if a pregnancy occurs even though the couple used contraception, and the girl chooses to have the baby, does the child deserve support from the boy? (If the answer is yes) In what ways? For how long?
3. Should the couple marry? Why or why not?
4. What do you think happens to teenagers who have the questions answered "yes" over and over in their relationships?
5. Can there be legal consequences to teens engaging in sexual activities if they are discovered?
6. What are the ways a person can prevent trouble with these questions?

Closure: **The formula for having the least problems with intimate sexual behavior, or put another way, the formula for having wonderful, energy-boosting, highs in a relationship has many or all of these factors: Being finished with high school, marriage or planned marriage, having your own place of residence, being in a long term pairbonded relationship with loyalty, good communication and similar life goals.**

Intimate Sexual Behavior 5

Denial Vs. Motivation To Protect Self & Others

Materials: 2 hats, statistic cards (pre-made for estimated number of males and females in workshop), newsprint, markers, phonebooks for each group, reminder cards for each student

Concept: Not owning your sexual behavior keeps you from protecting yourself and your partner from a number of serious consequences and often creates problems and handicaps for other innocent people.

Leader Background: (Review background in previous lesson). Being sexually active as a teen involves taking risks. Some people are willing to take these risks because the biological drive to be sexually active after puberty is strong. Yet these same people usually hold a strong value of what "other" people think of them, or public reputation. In an effort to protect public reputation, they often do not seek contraception or other assistance they know they need because it discloses their behavior and opens them to public knowledge, criticism and other consequences. Others live only in the present and don't think about long-term consequences of their behavior. Still others respond to peer pressure to be sexually active without protection even against their own better judgment. Studies show that persons are most likely to think in "future time" and about what's best for themselves long-term, after the age of 17.5. It takes unusual maturity to be an effective contraceptor and sexually responsible below that age.

Objective: After completing this lesson, teens will be able to describe ways to overcome lack of motivation and to seek assistance when needed.

Procedure: Have two hats (one for each sex) full of tiny cards, each with a symbol P, S, H, or IT on them. These cards show statistical chances of consequences that members of the group would face if they are sexually involved as teens this year: P = pregnancy cards (32% of total males and 32% of total females). S = STD cards (20% of total males and 12% of females). IT= intangible consequences cards (100% of totals for both sexes). H=hurt or used cards (60% of total females and 40% of males). (Example: for a group of 16 girls and 13 boys, the cards would break down as follows: 5Ps in girl's hat and 4Ps in boys; 2Ss in girl's hat and 3Ss in boys; 16ITs in girls and 13 in boys, 10Hs in girls and 5Hs in boys. There would be 33 total cards in the girls' hat and 25 in the boys'.) After teens assemble, pass the hats and have them randomly draw a card from their own sex's hat until all are gone. (Some teens will have more than one.) Say **If you were to become sexually active as a high school student, how many of you would want to be involved in a pregnancy, get a sexually transmitted disease, or be hurt or used by another person?** (seek response) **Most teenagers feel the same way you do and don't expect it to happen to them.**

Yet we know how many sexually active teenagers become pregnant each year and have other problems related to their sexual behavior that they could have prevented. If you are holding a P card, stand up. Wait for students to stand. Say, **In a group of sexually active teenagers this size, here are about how many who would be involved in a pregnancy this year. And next year, another 32% more would become pregnant.** (Point out that the boy is "pregnant," too, and has consequences. Ask why you don't always know this many teens get pregnant? <many abort or leave school>) **If you are holding an S card, stand up. This is how many of your group who would contract some type of STD.** Ask if some of the same people were standing both times. Point out that more than one consequence can happen to you. **If you are holding a H card, stand up. These are your chances of getting hurt or used sexually by someone. IT stands for intangible consequences, which means mental or emotional stress that can be good or bad. Some of the bad ones are guilt, worry, fear, denial, etc. Will the ITs stand up? As you can see, no one can really avoid having intangible consequences. Does this help you see why most adults think teens should not be sexually active? But supposing that you are -- how can you avoid many of these consequences until you can become abstinent again?** Brainstorm with large group.

Processing: (can be done in small groups with newsprint and reported)

1. Suggest some things adults could do to help teenagers who need contraception or services to seek them out.
2. How could you obtain contraception/services if you cannot drive?
3. Would it be a good idea for a person to practice getting contraception before they were sexually active, so that it wouldn't be so hard later?
4. In a phone book, find places for counseling or services you might need.
5. How many ways could you get contraceptives without others knowing?
6. Can you prevent the ITs or Hurt? How can you reduce the risk?

* Note: You may follow this session with a parent/teen scavenger hunt, where parent and teen bring in the following information/materials: Condom from drug store, route from home to health department, note from family doctor saying parent and child have discussed sexual behaviors with him/her, names of three adults who teen says he/she could go to for advice about sexual matters, an interview with a pregnant teenager, etc.

Closure: If you become sexually active, say to yourself "I will not make things worse by denial or counting on good luck... I will not hurt myself, my parents, his/her parents or an unborn child. I will be adult enough to protect myself and others." (Give reminder card with this quote to teens for their wallets.)

Intimate Sexual Behavior 6

Intimate Sexual Behavior: The STD Connection

Materials: Notecards and pencils for each student, 2 right-handed gloves, package of drinking straws, stick-on yellow, red and blue labels, whistle, instructions on four notecards, calculator

Concept: AIDS and other STDs spread through a population with a pyramid effect. When engaged in intimate sexual behaviors, mutual monogamy and consistent condom use are the only ways to avoid AIDS and other sexually transmitted diseases.

Leader Background: This lesson is a simulation game designed to give students a "hands on" experience in how AIDS and other STDs are spread. One person in the group (unknown to the person but known to you) is designated as an AIDS carrier. Teens will, upon your command, move to any person in the group, shake hands (representing a "sexual encounter"), and write the person's name on their note card. This activity will be repeated 5 separate times (i.e., they will shake hands with five different people and write five peoples' names in order on their notecard). This activity will be done by *all but four* people in the group. These four will do the rounds shaking hands and writing names, but in the following ways:

- # A - will find #B on round 1, shake hands, and write name. For the remaining 4 rounds, instead of shaking hands with others, they will only shake each other's hands. On back of A's card, write a big A and the following directions: find #B and only shake hands with him/her for all the rounds.
- # B - will find #A on round 1, shake hands and write name. On the Back of B's card, write a large B with these directions: On the first round, find #A and only shake hands with them through the rest of the rounds.
- # C - will wear the glove on his/her shaking hand for all the rounds. On back of notecard, write C and these directions: put the glove on your shaking hand and always wear it to shake hands in all rounds.
- # D - Wear glove on the shaking hand, except for round 4. Write D on back of card with instructions: Put glove on your shaking hand and wear it on all rounds except round 4.

A & B represent a mutually monogamous couple, C represents a consistent condom user, and D shows what might happen with an inconsistent user.

All other students (the unprotected) have no directions on the cards and are given the general instructions as below. (Although this is an ISB lesson, adding abstinent students is another option to advocate for abstinence.)

Objective: Teens will experience the simulated spread of a sexually transmitted disease, and discuss what factors prevented the spread.

Procedure: Say, **We are going to play a simulation game which will show you how AIDS and other STDs spread through a group of people. I am going to give you each a card and pencil.**(distribute) **Four of the notecards**

have special instructions on the back. If yours has no special instructions you will do this: When I blow the whistle, you will find any one person in the room, shake hands, and then write their name on your card. Each time I blow the whistle again, you select a new person, shake hands and list their name next on your card. You four with the special instructions, do you understand what you are to do?

Activity: If there are no questions, blow whistle and name round 1. Whistle and call five rounds, and have them sit down on the floor where they ended up. Say, **I didn't tell you that there is an STD carrier in the group and it was _____** (give name & tag with a yellow star. Make sure the carrier isn't one of the four). Ask students what behaviors they think the handshake stood for? (Elicit reponses & list.) Now retrace each round and have people check their cards. The person in round 1 who had unprotected contact with the carrier, gets a yellow star and became a carrier after round 1. Check round 2 for contacts of the carrier and his first victim, and give them yellow stars. Continue through all the rounds giving stars to those who had unprotected sex with carriers. When a gloved person is encountered, process the meaning. (They are protected if they had it on, and didn't infect themselves or their future partners). How lucky was #D on the 4th round?! Ask A&B how they felt during the activity? Ask the gloved ones? The ungloved people? Now take all the starred people to the front of the group. Explain that even with exposure, all people don't get the virus. Explain that in a case study, 75% of those contacted got the AIDS virus. (Compute .75 x total in star group. Cut 75% long drinking straws and 25% shorter straws.) Now have starred group "draw straws" to determine the 25% who were lucky. They remove their stars and sit down. Now, tell the remaining group they have the virus, and that about 35% of them will move to the ARC stage. Count out about 1/3 long and 2/3 short straws, and let the group draw again to see who goes on to ARC. Give ARCs red stars. Now tell the ARCs, that about 33% develop full blown AIDS. Have a final 1/3 drawing to see who will have AIDS. Present them with a blue star. At each stage, ask students their symptoms.

Processing:

1. Review where the turning points were in the group for spread of AIDS.
2. Come up with some "what ifs" which would have changed the outcome of the game. See if they can project the consequences.
3. Ask if there are differences in the contagious abilities of various STDs? In what ways? (Some are contagious only for brief periods, some infect a smaller number of contacts than the AIDS virus appears to do.)

Closure: **Say, We hope this exercise helps you see the risk involved with unprotected sexual behavior and the great risk of having multiple partners. You also saw what behaviors help you avoid and reduce the risks of STDs.**

Intimate Sexual Behavior 7

Condoms: Step 1,2,3...

Materials: Statements on poster paper, condom display, 6 chairs, work sheet & pencils for each student

Concept: Condoms are effective in preventing sexually transmitted diseases, including AIDS, if used correctly, and if behavior is limited to those which are protected by use of the condom.

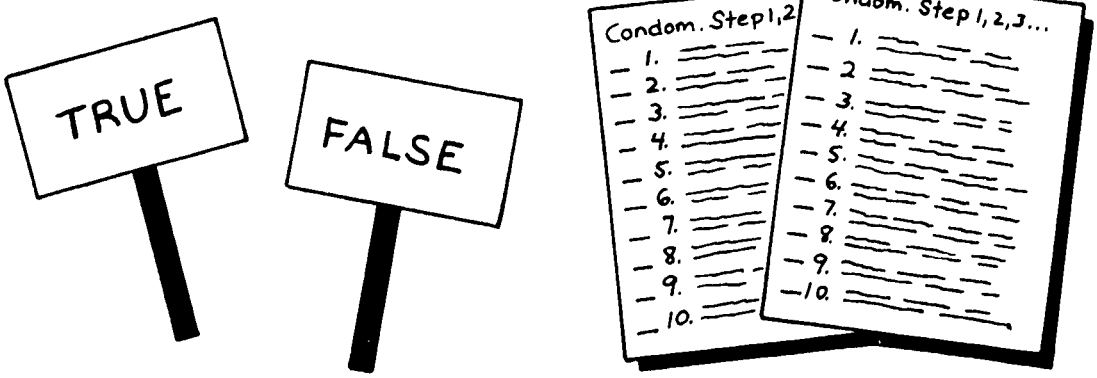
Leader Background: For centuries, condoms have been used to prevent sexually transmitted diseases and were used for this purpose long before their use as birth control. Early condoms were made out of sheep intestine whereas most of today's are made of thin latex rubber. (Only latex condoms are effective against viruses.) As a birth control item and as a preventer of STDs, condoms vary in effectiveness according to how they are cared for and used. Like all rubber products, age and exposure to heat, light and oils break condoms down. Good quality condoms should be purchased stored in a cool, dark place, and used within 1-2 months or discarded. Hip pocket wallets and glove compartments of cars overheat and encourage rubber breakdown, and so does vasoline. If lubrication is needed, lubricated condoms can be purchased. A most important factor in the successful use of condoms is partner communication and cooperation. Partners need to talk about impending sexual intimacy and how they plan to protect themselves from both pregnancy and STDs. Condoms can be purchased from drug stores, many grocery stores, or from service stations although the quality of "truck stop" condoms is often inferior. Condoms can be obtained for free or minimal cost from health departments, Planned Parenthood, health care clinics and sometimes through school health services. Condoms come in one size which can accommodate any penis. Females should carry condoms as well as males, since it is the best protection from STDs. How to use a condom correctly: (1) Before intimate sexual behavior, discuss methods with partner for protecting against unintended pregnancy and STDs. (2) Purchase good quality latex condoms within weeks of expected sexual experience. (2) Store in cool, dark place. (3) Use the condom *before any mucus membrane contact occurs* . (4) Pull the pubic hair away from the penis (prevents hair entanglement). (5) Unroll condom on the erect penis, leaving airspace at the tip. (6) Have intercourse (7) Hold onto the rim of the condom when withdrawing the penis. (8) Take off the condom with the semen it contains away from partner's genitals. (9) Wrap it in tissue and dispose in trash. (Condoms should not be flushed because they aren't biodegradable.) (10) Urinate and wash genitals (for added protection). A new condom should be used for each sexual contact.

Objective: Teens will be able to decribe the steps of condom use which increase a condom's effectiveness in preventing pregnancy and STDs.

Procedure: Take condom information from leader background (not the steps) and make 10-12 true/false statements on poster board. Hold up statements for group to read and decide if the statement is true/false, and why. Make a worksheet listing the nine steps in using a condom correctly, but not in sequential order. Have students individually place numbers beside the statements to place them in logical order. Have them get in groups of four and compare answers.

Activity I: Say **Since these units concern preventing teenage pregnancy and STDs, we are going to give special attention to condoms this evening because, when used correctly *every time* there is intimate sexual behavior, condoms can reduce the occurrence of both these problems. I would like the girls and the boys here today to each select three representatives. You'll sit up here in the three chairs on the left and right.** (Wait for appointees to take their seats.) **I am going to hold up a series of statements about condoms which are either true or false. I'll show you and the group the statement, and you'll decide with your fellow delegates whether the statement is true or false and why. We will alternate between the girls and the boys for answers.** Procede with the activity, answer questions and clarify.

Activity II: Say **Probably the most important thing about condoms is how to use them effectively. I am going to give you each a "Condom: Step 1,2,3..." skillsheet. There are statements about how to use a condom, but they are not in sequential order. Your task will be to number them from 1-10 according to what you think the sequential order should be.** Distribute sheets. Give 5 minutes to complete. **Now get into groups of four and compare your answers.** Give some time, and then tell the entire group the answers. Note: This activity can be done with placards held up in correct order.



Closure: Say, **The decision to present this lesson to you was difficult because some people do not feel teens should have this information. But we know that some teens do need the information. So we urge that if you need condoms, you will get and use them correctly until you decide to return to abstinence, which is the safest behavior for teens.**

Intimate Sexual Behavior 8

Making Decisions Under Pressure*

Materials: note card marked F or M on back & pencil for each student, chairs

Concept: Since consistent use of a condom can reduce risk for AIDS, other STDs and pregnancy during intimate sexual behavior, having a condom for possible sexual intimacy should be seen as a responsibility of both partners. If a condom is not available, the best behavior is abstinence until one can be obtained.

Leader Background: Current studies show that condoms have an 86%-90% user effectiveness against the transfer of the AIDS virus and the prevention of pregnancy. With consistent and proper use, the effectiveness can be even higher. Two major obstacles to consistent condom use are (1) planning for sex, rather than having it happen spontaneously and (2) who should be responsible for providing the needed protection. The "How Close Is Too Close" lesson and this lesson help teens grapple with the issue of planning, such as acknowledging when a commitment to intimate sex has been made. The behavioral goal of this lesson is: If there is a remote or greater chance that intimate sexual behavior will occur in the near future, obtaining and having a condom is the responsibility of *both* persons involved. When the question is "your condom or mine?", there is a mutual intent to protect self as well as the other person without appearing accusatory. The rule **no condom-no sex** should probably be applied today by all individuals who are not part of a long term marriage and/or a mutually monogamous relationship. Giving teens the opportunity to hear peer responses of both sexes in this lesson's activity may help them adopt responsible solutions to the problem of needing but not having a condom, rather than taking potentially tragic risks.

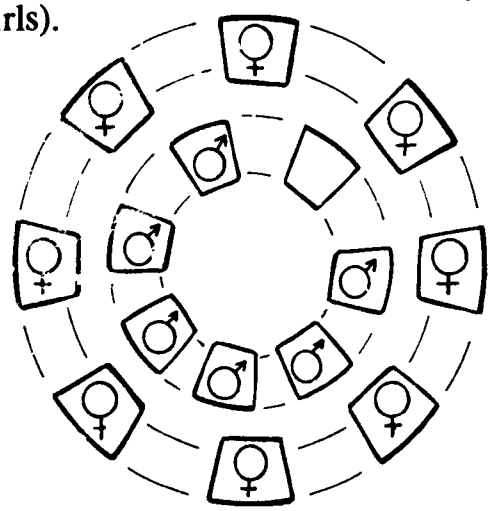
Objective: Teens will recognize appropriate and inappropriate solutions to the dilemma of wanting to be sexually intimate with a partner but not having a condom.

Procedure: Say, **In today's lesson, we are going to get to the heart of a matter that many people face -- that is, being in a situation where you need a condom and do not have one. I'm going to give each of you a note card with either a F (for female) or M (for male) on the back and a pencil. Do not put your name on it, please.** (Cards are pre-labeled so they all look alike face down & help confidentiality. Pass out cards, pencils) Say, **Now let's suppose that sometime in the future you have been going out with someone for a long time. You really care for him or her. It's Christmas and you have been out for a really romantic evening. You are now home, the parents are away, and you both are showing strong feelings. Things begin to get "hot**

*Adapted from teaching activity by Barbara Rienzo, with permission.

and heavy", and you realize that you would like to have sex---but--- you don't have a condom. What would you do? Think for a minute and write your honest answer on the card. (After completion, take up the cards by male and female groups and shuffle them.)

Activity: **Say, Now I'd like all the boys to bring their chairs and make a circle in the center, with one extra empty chair. Girls, would you make a circle on the outside. After set up, say, Here are the rules. I have mixed up the girl's cards and I'm going to give one to each boy. You boys will read the cards one at a time and discuss the following: How do you feel about the response? Is it realistic? What are the results of that solution? You cannot make personal attacks; just say "I think... etc.) Now girls, you can not say anything in the outer circle. If you want to make a comment, you must move to the empty seat in the center circle and express your opinion, but that is the only way. After the boys process the girls' responses, then we will switch and put the girls in the center with the boys' responses.** (Distribute the cards and instruct a boy to start by reading the first response. Repeat the questions to start discussion if they don't start spontaneously. Go through all, and then repeat the cycle with the girls).



Processing:

1. How do you talk with a partner about protection?
2. How do male/female stereotypes influence the use/nonuse of condoms?
3. Do you think sex has to be spontaneous to be exciting? Why? Why not?
4. How would you feel if you were involved in an exchange that went this way: (1)" Do you have a condom?" (2) "Yes" (1) "I do, too."

Closure: Recently, a macho-type high school teen was overheard yelling to departing friends, "Remember, dangerous sex is better than no sex at all!" The truth is that the choices don't have to be only dangerous sex or no sex. While condoms aren't perfect protection, they greatly reduce risk. When both persons bring a condom into an intimate relationship, each is saying "I want to protect myself; I want to protect you, too."

Crisis Decision-Making 1

Signs And Symptoms of Pregnancy

Materials: Crossword puzzles, signs/symptoms check-list for each student

Concept: Within two weeks of conception, there are observable signs and symptoms of pregnancy. Paying attention to your body and avoiding denial will help you make positive decisions if faced with an unplanned pregnancy.

Leader Background: Within two weeks of conception, observable signs and symptoms will begin, which can be noticed by a female who is familiar with how her body normally works and feels. The most important factor in whether or not she will observe and address the signs/ symptoms of pregnancy is her extent of denial. The first and major consideration of a possible unplanned pregnancy is "was there sexual intercourse, especially unprotected?" Given that, typical signs and symptoms are as follows: missed menstrual period or slight, spotty period; tingling or pain in breasts; enlargement of breasts, change in color of aerola (dark area around the nipple) of breasts; morning sickness or nausea; and fatigue. Around the second month, additional signs include: another missed period, frequent urination and a continuation of nausea and fatigue. At the third month, a third period is missed; nausea and fatigue continue. During the fourth and fifth month, weight gain becomes apparent as well as enlargement of the abdomen. Finally, quickening, or fetal movement can be felt.

Pregnancy can be diagnosed several ways. A variety of home testing kits are available in drug stores without prescription and can be used by any individuals who can read and follow directions carefully. Home tests sometimes give false negatives (the test says you are not pregnant, but actually you are). A person who misses a menstrual period should do the test immediately. If the test is positive, she should immediately consult a clinic or physician to confirm the pregnancy and begin to make plans. If the test is negative and she still has symptoms of pregnancy and no period, she should retest, or see her doctor. Clinics, health departments, Planned Parenthood and physicians all do the pregnancy testing and counseling.

Objective: Teens will memorize and be able to recognize the signs and symptoms of pregnancy, and tell where to go to confirm a pregnancy.

Procedure: Say **Persons who are sexually active should know the signs and symptoms of pregnancy. Today you are going to look at the behavior and the body signals which let you know as early as possible if you (the couple) are pregnant.**

Your goal with this lesson is twofold: (1) to learn these signs and (2) to agree that if you see them in yourself or your partner that you will take immediate and appropriate action, not deny the possibility of pregnancy until it can no longer be denied.

Activity: Say To help you learn the signs of pregnancy, I'd like for you to pair up with anyone of your choice. Wait until paired. I am going to give you a crossword puzzle to complete together during the next few minutes. You will also get a pregnancy check list card which you can keep. Use it to help you solve the puzzle. Raise your hand when you have all the blanks filled in correctly.

Risk Behavior for Pregnancy

❑ sexual intercourse, especially unprotected, one or more time during the last O-M cycle.

Pregnancy Sign/Symptom Checklist

First month

_ Missed period or slight spotty period
_ Tingling or pain in breasts
_ Enlargement of breasts
_ Aerola (dark area around nipple) gets darker or changes color
_ Morning sickness or nausea
_ Fatigue

Second Month

_ Second missed period
_ Frequent urination
_ Nausea and fatigue

Third Month

_ Third missed period
_ Increased vaginal discharge
_ Increased need to urinate

Fourth/Fifth Month

_ Quickening (fetal movement)
_ Weight gain
_ Enlargement of abdomen

(Puzzle on next page... leaders, solve it before giving it to students so you'll know where the answers go.)

Processing and Closure: Check the puzzle. Discuss which are first, second and third month signs. Discuss where to go to confirm a pregnancy test in town. You might show some home pregnancy kits and discuss. Ask what is the role of the male in all of this? (be supportive, help overcome denial and help take action, etc.)

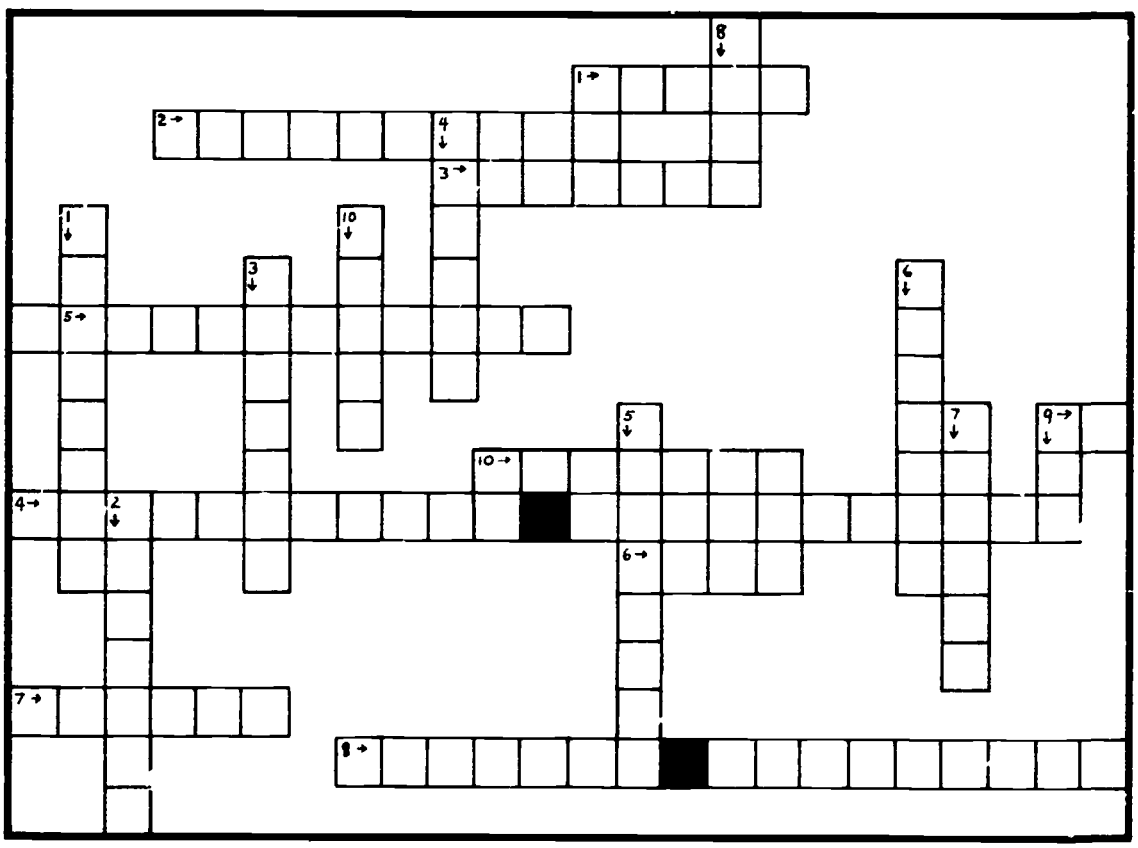
Pregnancy Signs and Symptoms Crossword Puzzle

Across

1. __ movement at the 4th-5th month
2. a term meaning fetal movement
3. Enlargement of the __ at 4th month
4. Without this, pregnancy is unlikely (2 words)
5. ___ of breasts
6. Weight ____ in the 4th month
7. The absence of, or a ___ period
8. Nausea or ____ _____
9. No bleeding at the beginning of the _____ cycle
10. Increased ____ discharge

Down

1. __ urination
2. Missed ___
3. Enlarged and tingling __
4. Sick at stomach
5. Sensation felt in the breasts
6. Tired all the time
7. Changes color or gets darker on the breasts
8. Tenderness or ____ in breasts
9. Pregnancy can occur with only __ unprotected intercourse
10. Pregnancy can be determined 2 __ after conception



Options and Consequences of an Unintended Pregnancy
(for use with "Looking at Options and Consequences" lesson)

***Abort**

Social life goes ahead as planned
Educational goals not interrupted
Short term physical changes
Low risk operation
One time major cost
No one has to know
Parental approval/disapproval
Increase risk of future miscarriage
Fear of parents finding out
Career goals go ahead as planned
Guilt about an unborn child
Guilt about sinning (was it murder?)
Worry about how your future mate might feel if he/she found out
Feelings of regret
Guilt when listening to groups who oppose abortion

*** Give up for Adoption**

Know that the child will be financially well-cared for
Know that the child will have a a full time "father & mother"
Know child is wanted by both parents
Social life altered for 9 months
Everyone will know in a matter of months you are pregnant
Risk of birth defective child
Financial expenses for 9 months
Educational goals altered short-term
You have no influence on child's future
Parental approval/disapproval
Friends' approval/disapproval
Guilt about giving the child up
The child may try to find you some day
Fear of how your future spouse might feel if he/she find out

***Keep and Parent**

Social life changed for many years
Educational goals changed
Physical changes due to pregnancy
Everyone will know in a few months
Financial expenses for 18+ years
Possible lengthy labor
Risk of birth defective baby
Parent disapprovals or hassles
Little time for oneself
Career goals changed
Less chance of marriage
Low financial status due to poorer education
Poorer housing and health care
Divorce rate double for teens who marry
Pregnancy #1 reason for school drop out for girls
Child loves & depends on you
Feelings of regret
Feelings of being trapped
Higher risk of being a child abuser
Child calls grandmother "mommy"
Grandparents make decisions about raising the baby
(Father) might be required to provide child support, whether married or not

*Listed alphabetically

Crisis Decision-Making 2

Looking At The Options And Consequences

Materials: 4 prepared decks of option cards, one for each group, 9 homework sheets for each student for next lesson*

Concept: Each option to an unplanned pregnancy has advantages, disadvantages, short term and long range consequences. Only the individuals involved and their families can decide which option is best in their case.

Leader Background: Before a person gets into an unintended pregnancy, he/she should consider the options and consequences, and decide the best recourse should it happen to him/her. Better decisions are made with advanced planning and agreement on resolvement prior to a crisis-- persons are more likely to select options which are compatible with their overall life values if they decide before the problem ever occurs. Looking at and thinking about the options ahead of time also helps teens get in touch with the violent emotions and pain involved in such decisions. It often helps teens who are sexually active make more serious commitments to abstinence or effective contraception. Teens who are entering a sexually intimate relationship should discuss this possibility before having sexual intercourse. There needs to be agreement on what option would be selected should a pregnancy take place. Again, there is a tendency for strong denial, and role playing may be helpful to teens who would find verbalizing such concerns to a sexual partner difficult.

Objective: Teens will be able to identify the majority of outcomes in the three major options to an unintended pregnancy, and to identify which consequences are the most important personally to him/her.

Procedure: Say **Most teenagers having sexual intercourse have not given serious thought to what they would do if they became pregnant. This is another area of strong denial. Tonight, we are going to pretend that you are facing this most serious crisis alone, and the decision about the pregnancy is up to you and you alone. In the next session, we will look at the values of the others involved -- your partner, your family, his/her family.**

Activity I: Say **I am going to divide you into groups using the month of your mother's birthday. When you get to your group, you will be given a deck of cards. On the top will be three options: Abort, Adopt, Parent. Lay these three cards in order on the floor, side-by-side. Now as a group, turn each remaining card in the deck over one at a time and read it. It will be a consequence of teenage pregnancy.**

Decide as a group under which option this consequence is most likely to fall -- abortion, adoption or keeping and parenting the child. If you think it is a tie between two options, put it in between. If you think it equally applies to all three, put it at the top. Try to put as many cards under the categories as you think best fit there. You might do one or two examples with the entire group on the board like "the child might try to find you someday" or "everyone will know you are pregnant". Say **Now, does everyone know your mother's birthday?** If not, assign student a month and suggest he/she find out mother's birthday! Divide groups by January-March, April-June, July-September and October-December. If numbers are large, make 6 decks instead of 4, and divide by two months instead of three months. Walk around to groups and assist/clarify when needed.

Activity II: After students have completed the first part, say **Now I want you to look at all the cards no matter what category they are in and decide on the four most important consequences to you and your values. Once you have selected them, look and see what category these consequences fall into. This activity should help you know which choice might be best for you if you ever face this crisis alone. Complete this statement in your mind: If I were pregnant now, I would _____ because _____.** Give thinking time. You might have them write it anonymously, read it silently and then tear it up.

Processing:

1. Ask participants to select 5 cards which are mental/emotional/spiritual consequences rather than physical or social. Say that we often know the results of physical and social consequences, but don't talk much about the mental/emotional/spiritual consequences. What do you think are some results of the last group? (take responses, make suggestions)
2. Suggest that teens make a time line of the next 8 years of their life. If faced with an unplanned pregnancy, trace the next 8 years of their life with each of the options, year by year. Have them draw 3 columns and trace it physical, socially and mentally/ emotionally/spiritually.

Closure: Ask how many teens felt really uncomfortable struggling with this problem tonight. Explain that there are no perfect solutions once an unplanned teenage pregnancy occurs. Tell teens you hope this exercise will encourage them to abstain or use effective contraception until they are ready to bring a child into the world, and a positive pregnancy test would be a joyous occasion.

* Hand out sheets and make assignments for next session (Present **procedure** from next lesson, "Exploring Family Feelings".)

Crisis Decision-Making 3 (Need completed homework)

Exploring Family Feelings

Materials: Completed homework sheets brought back by students for this session.

Concept: Each person should know his/her values regarding pregnancy options and the values of family members and loved ones.

Leader Background: Options to unplanned teenage pregnancy are rarely discussed in the family or between sexual partners. Students have clearer understandings of expectations and values in the family once these topics are discussed. This activity also builds communication within the family.

Objective: Teens will present a values continuum about each option for unplanned teenage pregnancy to self, parents, friend(s), loved one and his/her family, if appropriate, and collect responses.

Procedure: Say **How many of you would like to know how the other important people in your life feel about abortion, adoption and teenage parenting? I am going to give you a sheet with four choices and a line on which to place your personal attitude toward each. Go to some private place in this room and make an x on each line. Instead of putting your name on the sheet, make a symbol or secret code on the back which you will remember next time to find your paper.** Give teens time to mark, and take them up. Say **Now I am going to give you more sheets: One for your father, mother, brothers or sisters over 12, best friend, boyfriend/girl friend, and his/her parent(s) if you are going steady and feel comfortable asking or getting him/her to ask. Bring these back completed for next session for discussion.** (Ask each teen to figure out how many he/she needs.)

Activity: Say **Did you bring back your sheets filled in? Here are the ones you completed last session. Come and find yours by your code.** Have sheets on floor, face down for teens to pick up.

Processing:

1. Were you surprised at the responses you got from some people? Who? Why?
2. Did you talk about the choices with the people? What did they say?
3. Was this a hard activity to do? With whom was it the hardest? Easiest? Why?
4. Were your responses from your special people similar or different? How do you think this would affect a real life situation? (Role play some conflicts)

5. If I were to ask you to complete your own again, would your responses be different now? Why or why not?

These questions can be completed as a large group, in pairs or in groups. If done in groups, some general information should be shared at end.

HOMEWORK SHEET

Student Name _____ Age ____

Relationship to Student: ( ) Mother ( ) Father ( )Older brother/sister ( )Friend ( )boyfriend/girlfriend ( )parents of boyfriend/girlfriend ( ) Younger sibling

This is an exercise to help teens understand the values of the people whom they care most about and who have the most influence on their lives. Place an X mark on the line showing how you feel about the following options for a teenager faced with an unplanned pregnancy. Please discuss your reasons with the teens.

ABORTION

Best option _____ Worst option

ADOPTION

Best option _____ Worst option

KEEP CHILD AND PARENT IT ALONE

Best option _____ Worst option

KEEP CHILD AND GET MARRIED

Best option _____ Worst option

Closure: Tell teens that you know of few other crises that upset families and friends more than an unplanned teenage pregnancy. Explain that the more communication and support they have with family and friends, the easier any crisis will be to handle and resolve. Spend extra time with questions from the question box.

Side Notes On Abortion

Although abortion is a legal option in the United States, people and institutions disagree on its desirability as an option for unplanned pregnancy. The three major schools of thought concerning abortion are presented below. Abortion should be addressed because it is a legal option. However, the institution under which this workshop is being presented should pre-determine which philosophy best represents the institution's position and then refer to the Teaching Suggestions which parallel it on the next page.

Human Life Begins at Conception (Conceptus) This philosophy holds that at the moment of conception, human life begins with full rights of the Constitution. Therefore, the embryo or fetus can only be removed prenatally if there is clear and present danger to the life of the mother. Abortion is perceived as the serious sin of murder, but like other sins, if confessed, repented, and not done again, it can be forgiven.

Human Life Begins Between Conception and Birth (Intervalist) This philosophy holds that at some point between conception and birth the fetus moves from potential human life to human life. Traditionally, this has been associated with "quickening", or the feeling of fetal movement. Quickening occurs at about 21 weeks. A more conservative approach suggests that since human life is considered ended with the loss of brain waves, human life can be considered started at the presence of brain waves. Fetal brain waves occur at about 8-10 weeks.

Human Life Begins at Birth (Terminist) This philosophy holds that human life begins when a fetus draws its first breath of life and can live independently outside its mother's body. The earliest fetuses can survive without artificial life support is about 28 weeks, and with life support about 24 weeks. Current law supports the Terminist position in terms of Constitutional rights.

Options For Teaching About Abortion*

Because this guidebook is designed for use in varied settings, the values of the sponsoring organization must be taken into account regarding abortion. Representatives of the sponsoring organization should read and select an operational philosophy from the opposite page and then consider the parallel strip for teaching suggestions regarding abortion.

Conceptus (Modifications for Crisis Decision-Making 2 and 3)
In lesson 2 Abortion should be presented as a legal option, but immoral. Documentation supporting its immorality might also be presented in an activity or informational form. In stressing the immorality/sin element with students, it is important to present the forgiveness element, also. The card deck activity can be completed as a second activity, eliminating the abortion option and its positive and negative consequences. Also remove abortion aspects from the processing questions. In lesson 3, three options are available: leave abortion off worksheet, leave abortion on, with abortion premarked "worst choice" with reason(s) listed, or leave on permitting parents and others to reinforce organization's value. The last option is risky but if reinforcement occurs, there is a bigger payoff.

Intervalist (Modifications for Crisis Decision-Making 2 and 3)
Suggest that because we live in an imperfect society we often rely on imperfect solutions, and that although few people really think abortion is wonderful, many people resort to it. Since no one knows for sure when human life begins, if you know you would choose abortion as the primary option with an unplanned pregnancy, it is important to have it as early as possible. Present the brainwaves concept as criteria for entering and exiting human status, if desired, and at what point in the pregnancy brain waves begin. Explain the necessity of being sensitive to changes in the woman's body and acting immediately if there is the slightest suspicion of pregnancy, no matter what option is chosen. Conduct lessons 2 and 3 as presented.

Terminist (no modifications necessary in Crisis Decision-Making Lessons 2 and 3) Emphasis can be placed on a woman's right to ownership of her body and freedom under the Consitution to have an abortion under the guidelines as she chooses.

*In certain settings, you may wish to present all 3 philosophies.

Crisis Decision-Making 4

Coping With Crisis!

Materials: Filmstrip or film, projector, extension cord, screen or wall, fishbowl role-plays

Concept: Knowing the signs and symptoms of common STDs can protect your health and the well-being of others. When body changes occur which indicate a possible STD, medical help should be sought immediately. If an STD is discovered, all past partners should be informed directly or indirectly, and if the disease continues to be contagious, new partners have the right to know prior to intimate sexual behavior.

Leader Background: Because the information needed by leaders is so extensive concerning STDs, leaders should obtain and read pamphlets on the following STDs and become familiar with the information: AIDS, Herpes Simplex II, Chlamydia, Gonorrhea, NSU/NGU, Syphilis, Venereal Warts, Yeast Infections and Trichomoniasis. Leaders should also acquire a film, filmstrip, video or slide show which outlines signs, symptoms, prognoses with and without treatment, and prevention of the diseases listed above. Review film beforehand. Make certain the film is appropriate to the level of your group in content and style. Seek film and pamphlets through local or state health department film libraries or STD Units.

Although denial is somewhat a problem, the physical discomfort of an STD usually causes victims to seek help. (Some males and many females with STDs, however, have no warning symptoms.) Help is available through the family doctor, health department STD Clinic, school health services or the AIDS Hotline, 1-800-342-2437. Two more serious problems are (1) taking responsibility for warning past partners so they can be checked and treated if necessary, and (2) telling impending partners if the person is still contagious, and taking steps to prevent further spread of the STD. Role-playing interchanges with health professionals, family and partners in non-crisis situations may improve communication during crises.

Objective: Teens will be able to describe the major signs and symptoms of typical STDs and where to get help. Teens will successfully role-play communication with medical personnel, family and partner about an STD or pregnancy in a simulated crisis situation.

Procedure: Say **This session will focus on signs or symptoms of sexually transmitted diseases, and what you should do if you observe changes in your body which might make you suspect an STD. First, we are going to show you a film, _____, which outlines signs, symptoms, treatment and prevention of AIDS and other common STDs. Make note of any questions which come to mind and we will discuss them following the film.** (Show film)

Take questions or discussion. Ask students where they could go in your community for medical help or counseling concerning an STD. List. Write the telephone number of area STD hotlines and the National 800 number.

Activity: Say, **For most people, getting help is not the biggest problem. It is communicating with others about STDs or pregnancy including medical personnel, family or past and present partners. We believe "practice communication" in safe situations like this workshop may help you do the right thing in a crisis situation, should it ever face you. We are going to do 6 communication role-plays about STDs and pregnancy. I want you to get into groups of threes and identify one person to have the crisis, another to be a person he/she is trying to talk with, and the third person an observer. You will switch roles with each role-play so each person plays all three roles twice. The observer helps decide if what happened would be typical or best and gives suggestions afterwards. Now find two partners.** After threes are organized, give the following situations one at a time and allow them about 5 minutes to role-play and process in small groups: (Pick 6 of following 7)

- Person calls health department to make appointment because he has gonorrhea symptoms (person/ health dept. operator & then STD Counselor)
- Person is Herpes infected, and has partner with whom he/she is becoming more intimate. (person/partner)
- Person has gonorrhea, which physician says was probably caught from past partner. Physician explains the partner (female) probably didn't know she had gonorrhea, because females often have no symptoms. Role-play person telling past partner. (partner/past partner)
- Person has suspicious signs of pregnancy and talks to best friend about them. (person/ friend)
- Person's partner is pregnant, and it has been diagnosed. Partner tells parent. (partner/parent)
- Person comes to see partner from previous situation. Sees partner's parents for first time since the news. (person/parent)
- Person is going with new boy/girlfriend. Wants to know how sexually active they have been in the past and if they've ever had an STD? (person/new partner)

Processing: Ask, were role-plays realistic? What was hardest to say? Easiest to say? What other ways could you could get the information to someone other than telling them? (Group lists/discusses ideas)

Closure: Explain that with crises, the rule is "Do unto others as you would have them do unto you." The courage to communicate is a sign of maturity.

Closure

If I Could Tell You One Important Thing . . .

Materials: Index cards and pencils for each, music tape, tape player, chalk and board

Concept: Building and maintaining good relationships requires expressing, listening, understanding and caring about each other's attitudes, beliefs and values.

Leader Background: Experts suggest that communication between parents and children is difficult because it requires each to acknowledge the other as a sexual being. Parents find it hard to think of their children in terms other than innocent and chaste. Students often perceive their parents as asexual beings. These mind-sets block communication about sex and sexuality. Yet studies show that in families where sexuality issues are discussed openly, the children wait until older ages to have sex and tend to be more sexually responsible.

This final lesson is about interchange and communication for two purposes. First, parents and teens need to leave the program for the last time feeling positive as a result of a shared time together. Parents need not be in groups with their own teenagers, but it is important that this activity involve adults and teens. Secondly, we'd like the groups to leave after practicing a skill and experiencing success at communicating a strong feeling to someone not of their peer group. We hope this will be the first of many steps in communication toward healthier relationships and healthier sexuality.

Objective: Teens and parents will express and explain a personal belief about sex, sexuality or relationships that he/she wants an important person in his/her life to hear and understand.

Procedure: Say **We have studied a great deal about sexuality in these sessions -- information, behaviors, skills, attitudes and beliefs. For a person to be sexually healthy, though, at any age, communication is important. Because of this, we want to close our last session with one final time of sharing. Each of you has an index card and a pencil. In a minute, I'm going to put on about 5 minutes of relaxing music. During this time, I want you to write something. Parents, if you could cut through all the garbage and get one important message across to a teenager you care about, what would you tell them? Teens, if you could get parents to undertand one important thing about you and relationships, sex or sexuality, what would you want to tell?**

(If only one generation is present have them write messages to the opposite sex.) Write your responses anonymously on your card. Put on relaxation music and allow them to write.

Activity: Depending on the size of class, break up into mixed groups of parents/teens or boys/girls of about 5-8 people. **Say Make a circle with your group. (Allow to get organized.) Now, take your card and place it face down on the floor in the center of your group. Next, mix the cards up so no one will know which is whose, and select a card. Have one person read a card. Discuss the card by trying to summarize what you think the person is saying and why. Do you think the person was a student or adult, a girl or a boy? What do you think about what they are saying? Try to develop empathy and understanding, supporting their right to feel what they express. Continue around the circle until all cards are read and discussed.**

Processing: Ask the following questions of the whole group.

1. Were you surprised by the messages expressed in your group?
2. Do you think you were successful in determining whether the card was written by a teen or an adult? (male/female) What were the clues?
3. Were there any common themes, or as a whole, a way to sum them up? What were they?

Closure: **Say We have enjoyed working with you and hope this program will help you make positive sexual decisions and communicate with those you care about for healthy relationships. As a final activity, we'd like for you to take the card that you have in your hand and turn it to the blank side. There are two sentences started but not completed on the board. Would you take a moment to complete these two sentences:**
(1) Before I took this course, I _____ (2) Now _____ When you finish, drop your card face down in the center of the circle when you leave. Leaders collect cards and use for informal evaluation.

Finding Resources Locally

Teenage Pregnancy

Contraceptive Specialist

Look for the following qualities in a contraception specialist for your program:
- employed as a family planning specialist or contraceptive specialist
- has AASECT Certification or other training certification
- recommended as successful presenter of programs for **adolescents**

Where to seek a contraceptive specialist, contraceptive materials and film for your program:

County/State Health Departments
Planned Parenthood
College or University Nursing or Health Education Departments
College or University Student Health Center
School Health Services Unit of Public Schools
Health Clinic
Ob-Gyn Physician, Nurse Practitioner or Nurse Midwife

Additional Information on Teenage Pregnancy

National Family Life Education Network
1700 Mission St., Suite 203
P. O. Box 8506
Santa Cruz, California 95061-8506

Emory/Grady Teen Services Program
Grady Memorial Hospital
80 Butler St., S.E.
Atlanta, Georgia 30335-3801

The Center for Population Options
1012- 14th St, N. W., Suite 1200
Washington, D. C. 20005

Youth and Student Affairs
Planned Parenthood
810 Seventh Ave.
New York, N. Y. 10019

Many church denominations have developed curricula in sexuality including:
United Methodists
Lutherans
Catholics

AIDS/STDs

STD or AIDS Specialist

Look for the following qualities in an STD or AIDS specialist for your program:
- employed with the STD section of a health department or other STD unit
- affiliated or trained with STD education groups
- has presented successful programs about STDs for **adolescents**

Where to find an STD specialist, preventive materials and films:
County/State Health Departments - STD unit
Special AIDS projects and task forces
College or University Departments of Nursing or Health Education
College or University student health centers
School health nurses and school health clinics
Urologist physician

Additional Information on STDs and AIDS

Public Affairs
Public Health Service
Centers for Disease Control
Atlanta, Ga. 30333

American College Health Association
15879 Crabbs Branch Way
Rockville, Maryland 20855

American Foundation for AIDS Research
40 West 57th St., Suite 406
New York, N. Y. 10019

San Francisco AIDS Foundation
333 Valencia St., 4th Floor
San Francisco, California 94103

With all presenters look for an educator who focuses on building self-esteem and empowerment rather than the use of scare tactics.

Student Evaluation

The following are suggested methods of evaluating students on each lesson for formal evaluation procedures:

Introduction Words And More Words. Give students any 8 terms on the left with definitions mixed on the right. Have student match terms with definitions.

A-1 What Does Abstinence Mean? Give teens 6 behaviors. Have them place an A beside those which are abstinent behaviors and an I beside those which are intimate sexual behaviors.

A-2 Everyone Has To Be Abstinent, Even In Their Sexual Lives Have teens write a paragraph(s) explaining why everyone needs to practice the self discipline of abstinence in their lives, no matter what their marital or age status. and what the consequences are if they don't.

A-3 Standards Of Sexual Behavior Have teens explain the three major standards of sexual behavior. Have them write a paragraph about what their standards are for intimate sexual behavior and explain why.

A-4 Staying Abstinent In A Sexually Permissive World Have teens write two paragraphs telling a person what to do and what not to do if they wish to stay abstinent during their school years.

A-5 Avoiding Risk Of AIDS Through Abstinence Give teens 10 behaviors. Have them place an R beside those which are clearly risky, M beside those which may be risky, and S beside the safe behaviors related to AIDS and other STDs.

A-6 "You'd Do It If You Love Me " And Other Lines. Have teens make 3 columns. In the first, have teens list 6 lines they often hear. Then give a different verbal rebuff and different body-language rebuff for each.

ISB-1 What Is Your Sexual Lifestyle? Give teens 5 descriptions of individuals who possess the traits of either a pairbonder, exploiter or recreator. Have students mark a P if it is a pairbonder, E if it is an exploiter or R if the description is of a recreator.

ISB-2 How Close Is Too Close Have teens list the sequence of events in human sexual behavior from friendly conversation/smiles to sexual intercourse. Ask where in the sequence do they think body feelings take over brain logic.

ISB-3 Getting Effective Contraception When You Need It Have teens *describe* 5 types of contraception in the order that they would select them should they need it. Have teens cite 5 specific places they could go to get contraceptives in the area.

ISB-4 Is Contraception The Answer To All The Questions? Have teens list questions they would personally want to have answered about another person before they would engage in intimate sexual behaviors. Write a short dialogue between a male and female showing how one of these questions might be brought up and answered.

ISB-5 Denial Vs. Motivation To Protect Self And Others Have teens write a one page paper why teens deny having intimate sexual behaviors to themselves and don't seek protection from pregnancy or STDS. Make at least three suggestions of how peers or adults could help.

ISB-6 Intimate Sexual Behavior: The STD Connection Have teens write a paragraph explaining the spread of AIDS and what slowed or stopped the spread in the class simulation activity. Have teens explain the progression of AIDS in the human body.

ISB-7 Condoms: Step 1,2,3 Give the teens steps of condom use in random order. Teens number the sequence in the correct order.

ISB-8 Making Decisions Under Pressure Give teens 5 potential solutions to not having a condom when needed. Have them rank the solutions in the order they would choose them citing the consequences or of each.

CDM-1 Signs And Symptoms Of Pregnancy Have teens list 6 early signs of pregnancy and what to do if they experience these signs.

CDM-2 Looking At The Options And Consequences Have teens write a one-page paper telling which option they feel they would choose if faced with an unintended teenage pregancy. They should also describe the advantages and disadvantages of that option.

CDM-3 Exploring Family Feelings Teens write a short paper, "What I Learned About My Family's and Friends' Values Concerning Abortion, Adoption and Teenage Parenting"

CDM-4 Coping With Crisis! Give teens three scenerios similar to samples in lesson. Have them write a paragraph for each on who should be told and what they should say.

Suggestions For Parent Sessions

Introduction Words and More Words Divide parents and teens into separate groups. Teens do vocabulary activity as indicated. Parents complete vocabulary activity and a matching activity with the glossary. Divide parents into 4 groups, each with one page of glossary terms. Put glossary terms and definitions on separate cards. Parents match the terms with the definitions and process all glossary terms as a large group. Parents and teens are asked to review the glossary together at home.

A-1 What Does Abstinence Mean? Parents are separated from teens and all are divided into small groups and complete the activity as assigned. Tell both parent and teen groups to have a single spokesperson ready to defend the category in which they placed a given behavior during processing.

A-2 Everyone Has to Be Abstinent Even in Their Sexual Lives Have some all-parent groups, some all-teen groups, and some mixed parent-teen groups to complete the activity. Ask how the P-T groups felt working together.

A-3 Standards of Sexual Behavior Parent and teen groups work separately on the activity and then compare results during the processing time. How correct were their guesses about the other generation's placements? Ask parents where their placements would have been when they were teens and why. Ask teens where they think their placements will be for their children when they are parents and why.

A-4 Staying Abstinent in a Sexually Permissive World Parents and teens work together in groups on the activity, but not in groups with their own teens. Remind parents not to dominate the group but participate as peers. (Tell parents to ask leading questions if they want teens to arrive at specific conclusions.) Process together.

A-5 Avoiding Risk of AIDS Through Abstinence Parents and teens participate in the activity and process together.

A-6 "You'd Do It If You Love Me" and Other Lines Parents and teens complete activity together, but divided into male and female groups. Process together.

ISB-1 What Is Your Sexual Lifestyle? Parents and teens participate together in the activities, with a teen and an adult as co-presenters to the large group after the activity.

ISB-2 How Close Is Too Close? Have teen and parent groups complete the activity separately and compare results. Have spokespersons from each group explain positions if they are different. Ask how radically different positions on this activity can affect communication between teens/adults. Ask for ideas as to how parents and teens can find positive solutions to this problem.

ISB-3 Getting Effective Contraception When You Need It Have parents and teens in a mixed group for the film and demonstration. Divide parents and teens into separate groups afterwards, one for questions while the other looks at, handles and talks about the contraceptives on display. Then switch the groups. For the final activity, give each an index card. They complete: "I'm a parent, and one new thing I learned about contraception is...." or "I'm a teen, and one new thing I learned about contraception is..." Read interesting responses anonymously.

ISB-4 Is Contraception the Answer to All the Questions? Have mixed parent/teen groups, but with teens other than their own.

ISB-5 Denial vs. Motivation to Protect Self and Others Ask parents to pretend they are teens and participate in the activity.

ISB-6 Intimate Sexual Behavior: The STD Connection Explain that AIDS and STDs can affect any age group. Combine teen and parent groups.

ISB-7 Condoms: Step 1,2,3 Separate teens and parents. Ask parents to tell you exactly how to make a peanut butter and jelly sandwich, but without making eye contact with you and without using hand gestures. Then with bread, jelly, peanut butter and knife, do exactly what they tell you (not what you know to do, i.e., do wacky things to make them see they have to explain the details very clearly). Ask them how this is the same as or different from talking with their teens about preventive techniques like using condoms. Then have parents do same lesson activity as the teens are doing.

ISB-8 Making Decisions Under Pressure Have teens and parents do activity together, pretending they are in the same situation.

CDM 1-4 and Closure Parents and teens complete the same activities in mixed groups, sometimes with their own teens (such as Looking at Options and Consequences and Exploring Family Feelings), and sometimes with other teens in their group.

Note: Suggest that parents and teens take three night-walks together per week and talk about any aspects of the sessions. Walks should include same or opposite sex parents and teens, but one-to-one for a given walk.

Tips for Successful Role-plays

What is Role-play?

Role-playing is acting out an imaginary situation. After describing the circumstances surrounding the role-play situation, persons improvise the communication and/or action according to how they think it would feel to be in that situation and what they think would happen.

How Can Role-playing Be Useful?

Role-playing can help participants achieve the following goals:

1. To put themselves in another's place to try to understand the thoughts, feelings and actions the situation brings forth in that person.

2. To learn how others react to various attitudes, beliefs and behaviors in a practice situation.

3. To risk new ways of behaving in a safe situation, without fear of failure, rejection or real negative outcomes.

4. To gain skill and practice in responding to certain situations prior to confronting them in real life.

Leaders Need to Learn Role-playing First!

To be an effective facilitator of role-plays, a leader must feel comfortable as a role-player. The authors suggest that leaders practice the role-plays in this curriculum themselves prior to asking participants to do them. For practice, the role-plays should be put on index cards and dropped into a can labeled "Can of Squirms". Leaders could draw out a role-play situation, select a supporting cast (other leaders), plan the role-play and then act it out before the group. This will give leaders the opportunity to put themselves in the participants' shoes, to improvise outcomes and to reflect on and analyze the experience immediately afterwards. Processing the role-play after completion is a final important step.

Hints For Better Role-plays

* Decide who the **characters** are and how they are related.

* Decide on the **setting**. (at home, friend's house, an athletic event, a shopping mall, etc.)

* Decide on **what they are doing**. (Eating breakfast, walking to the car after a movie, talking on the phone, fixing dinner, etc.)

* Decide on what has **happened prior** to the beginning of the scene.

* Decide on what kind of **ending** or **outcome** you want to work toward.

Participants need about 10 minutes to plan out their scenes, decide who will play what role, how they will set up their stage, what props are needed, etc. People can play objects as well as persons, and can provide sound effects like a ringing telephone, a car coming into the driveway, etc. The role-play should last no more than about 3 minutes.

Persons should start the role-play from the **freeze** position. This means they get into the actual setting, doing what they will be doing, and then hold, or "freeze", in that position. One person in the cast then introduces the situation and its prior happenings to the audience, and starts the role-playing by saying **"start"**. The action begins and when it is over, the same person calls **"Cut"** to signal the end.

At times during role-plays, you may wish to **"freeze frame"**, which means stop the action in the middle of a scene (having players freeze where they are) to discuss what's happened so far. You might ask characters to come **"out of role"** to explain their feelings, what they are trying to do, or even to obtain help from the audience, and then go back **"in role"** and call "start" to resume the action.

Impress upon participants that to make the role-play believable, scenes must be acted out in a straightforward and realistic manner. Corny stereotyping or silly overacting reduces believability... make it heartfelt and worth watching.

Processing Role-plays

Following the role-play, ask observers what they saw. Ask if the outcome could have been real. Ask for other possibilities and their potential outcomes. If there is time, replay some of the scenes to allow for new, more successful endings. Explore the common threads or strategies and list them. Examples include reasons for behavior, how behaviors affect others, why persons want others to change their behavior, suggesting outside help, etc. Ask participants how they felt in the roles they played.

Adapted from A Guide for Trainers, Teenage Health Teaching Modules. Education Development Center, Inc., 1983.

Glossary

Aerola ring of dark tissue surrounding the nipple of the breast.

Abortion voluntary removal of a developing baby before it can be born.

Abstinence refraining from something; not participating in intimate sexual behavior or drug use.

Adolescence years between childhood and adulthood during which puberty (sexual maturity) occurs.

Adoption when a birth mother gives up her child to a family to love and care for as their own.

AIDS (Acquired Immune Deficiency Syndrome) a disease caused by the HIV virus which damages the immune system. The fatal stage is sometimes called Full Blown AIDS or the disease AIDS.

Anal Sex when the penis or some other body part is used to touch or enter the anus of another person's body. A high risk behavior for AIDS.

Anus opening from which bowel movements leave the body.

ARC (AIDS Related Complex) group of symptoms which signal the progression of immune system damage by the HIV virus.

Body Fluids liquids of the body including blood, semen, vaginal secretions, urine, lymph, feces, sweat, tears and breast milk.

Body Language messages or signals given, consciously or unconsciously, by a person without speaking.

Broderick's Double Funnel Theory theory which governs sexual intimacy and commitment in a relationship so that intimate sexual behavior and marriage occur at approximately the same time. A female moves the relationship toward commitment by denying sexually intimate advances from a male until the appropriate commitment is made.

Carrier person with a contagious pathogen who can pass it to another person.

Chancre Sore a painless, oval sore with a hard rim and fluid center that appears on the genitals. The first sign of syphilis; goes away with or without treatment.

Chlamydia bacterial STD which inflames linings of reproductive organs often causing sterility if not treated.

Commitment a long term physical and emotional bond between two people with a strong desire to maintain the relationship.

Conceptus philosophy of those who believe life and human status begins at the union of sperm and egg with full rights under the Constitution.

Condom a rubber or natural membrane covering stretched over the penis to prevent pregnancy and/or the spread of certain STDs. (Only latex condoms are effective for AIDS/STD protection.)

Consequence what logically or naturally follows as a result of behavior. Consequences can be long term (effects well in the future), short term (effects immediate or soon), tangible (you and others can see or realize), or intangible (others can't directly tell, like guilt, stress).

Continuum a line on which one can identify the two most extreme positions about a value, belief or behavior. One can also identify in logical order the positions in between.

Contraception use of devices or drugs to prevent pregnancy as a result of sexual intercourse.

Creams, jellies & foam contraceptive items containing sperm-killing chemicals. The most common type, nonoxynol-9, also kills AIDS virus.

Diaphragm dome-shaped rubber device worn over the cervix by a female to prevent the entry of sperm. Must be used with a spermicide.

Denial a conscious or unconscious refusal to recognize and accept one's own behavior and therefore, an inability to take responsible actions to avoid negative outcomes.

Exploiter one who uses sex to get someone, somewhere or something. A person who takes advantage of another person without regard or respect for their feelings or wellbeing.

Fidelity being sexually loyal to one person.

French Kiss a kiss in which the tongue and saliva enters the partner's mouth.

Genitals external sex organs. Penis and scrotum in the male and labias, clitoris and vagina opening in the female.

Gonorrhea bacterial STD which causes sterility, blindness and arthritis if not treated. Females usually have no symptoms.

Herpes Simplex II (Genital Herpes) viral STD which is incurable. Causes recurring blisters, miscarriages, still births and may be related to cervical cancer in females.

HIV (HTLV-III, LAV) scientific names for AIDS virus which attacks T-helper cells of the immune system.

Human Sexual Behavior Model a framework of the normal progression of human sexual behavior which identifies points for prevention and intervention against negative consequences like unplanned pregnancy and STDs.

Intimate Sexual Behavior(ISB) any behavior where a person's sex organs touch or enter the openings of another person's body or where there is a sexual mixing of body fluids.

Intervalist philosophy of those who believe that a fertilized egg develop into a human at some point during prenatal development and does not have human rights until that point. They sometimes associate human status with quickening (fetal movement) or brainwaves

IV Drug Users a person who uses a needle to pierce the skin for the purpose of injecting drugs. Can be mainlined into a blood vessel or injected just beneath the skin (skin popping). Both are high risk behaviors for AIDS.

Kaposi's Sarcoma a rare skin cancer which signals the onset of the fatal AIDS disease

Lines insincere verbal communication used to persuade another person into doing something he/she is reluctant to do.

Making Out an entire sequence of behaviors that may result in sexual intercourse. Passionate love making.

Masturbation using hands or objects to massage one's own genitals for sexual pleasure. Mutual masturbation occurs when two people stimulate each others genitals, usually to orgasm.

Monogamy having one sex partner only.

Mucus Membrane the slippery wet linings of body openings like the mouth, nose, vagina, penis, anus, eyes, etc.

Multiple Contraceptive Methods using more than one contraceptive method at the same time such as the birth control pill and condom. Increases the effectiveness closer to 100%.

Natural Family Planning trying to avoid pregnancy by observing body signs to determine the time of ovulation. Not recommended for teens.

Necking hugging and kissing with all the focus above the waist. As compared with petting which involves touching body parts below the waist.

One Night Stand slang term for having sex with someone you don't know and with whom you have no intention of continuing a relationship.

Oral Contraceptive (Birth Control Pill) chemical series of pills which, when taken daily for 21 or 28 days, prevents pregnancy.

Oral Sex touching the mouth, lips or tongue to another's genitals.

Ovulation-Menstruation Cycle (O-M Cycle) the length of time between the first day of two consecutive menstrual periods. Each O-M cycle will have ovulation and menstruation if the egg is not fertilized. No one can accurately predict when she will ovulate for certain.

Owning Behavior recognizing and accepting one's behavior and taking appropriate responsibility to avoid negative outcomes.

Pairbonder one who is faithful and committed to a single partner over time. Cares about the whole person and the relationship more than sex.

PCP rare form of fungal pneumonia which signals the onset of the fatal AIDS disease.

Promiscuous (Permissive) persons who are casual about sex and willing to be a sexual partner with just about any one at any time. Person who has had many sex partners.

Petting touching the chest, genitals and other body parts outside or under the clothing, but not having intercourse.

Prenatal Care medical attention by a doctor before a woman gives birth.

Rebuff a verbal or non-verbal response to a line which gives the responder equal status with or an edge over the person who said the line.

Recreator person who views sex as a source of pleasure or fun. Does not associate sex with commitment. Has multiple partners, often at the same time.

Secondary virgin a person who has had sexual intercourse before, but who has returned to abstinent behavior.

Sex state of being male or female, or gender. In today's terms, usually refers to sexual intercourse.

Sex Drive after puberty, the natural biological urge to mate and reproduce.

Sexual Intercourse (coitus) sexual union of a male and female when the penis is inserted into the vagina.

Sexual Standards systems of criteria for various sexual behaviors. The two major standard systems are **commitment** (how promising the relationship is) and **time** (how long the relationship has lasted). Being in love is another criterion used but is subjective and unreliable alone.

Sexuality the physical, mental, social, emotional and moral expression of being male or female.

Signs/Symptoms an observable indication/feeling of an illness or condition.

Sponge dome-shaped contraceptive sponge saturated with spermicide that a woman inserts into the vagina before intercourse to block and kill sperm.

STD Sexually Transmitted Diseases (Venereal Disease) contagious diseases communicated mainly by sexual intercourse and other sexual behaviors.

Syphilis a bacterial STD that starts with a chancre sore and if untreated can cause death, mental illness, heart disease and can destroy tissue anywhere in the body.

Teasing giving signals that you are available sexually but then saying no when the person makes sexual advances.

Testing making sexual advantages to see how far a partner will let you go.

T-Helper Cells white blood cells which recognize pathogens and signal the production of antibodies to destroy them. The AIDS virus kills T- Helper cells.

Tension Reducers a person who uses sex to try and get emotional needs met or to release frustrated energy.

Terminist philosophy of those who believe a fetus becomes a human when it is able to live independently outside the mother's body, or when it is born and draws its first breath.

Unprotected Intercourse using ineffective or no contraception during sexual intercourse

Vaginal Infection yeast and protist STDs which cause itching, burning and swelling of the vagina and vulva areas of a female.

Venereal Warts a viral STD associated with cervical cancer in females and unsightly growths on the genitals of both sexes. Can be treated but not cured.

Virgin person who has not had sexual intercourse.

Withdrawal during sexual intercourse, the removal of the penis from the vagina before ejaculation takes place. A risk behavior for AIDS and pregnancy.

About the Alliance

The American Alliance is an educational organization, structured for the purposes of supporting, encouraging, and providing assistance to member groups and their personnel throughout the nation as they seek to initiate, develop, and conduct programs in health, leisure, and movement-related activities for the enrichment of human life.

Alliance objectives include:

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Bylaws, Article III

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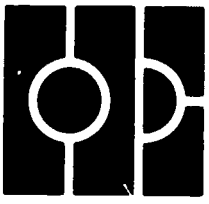

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